



APPLICATION FOR EMPLOYMENT

Sustainable Power Systems, LLC is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

PERSONAL INFORMATION:

NAME (LAST, FIRST, MIDDLE INITIAL)		DATE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER DAY () EVENING ()	EMAIL ADDRESS	REFERRED BY	
POSITION APPLYING FOR	DATE YOU CAN START	SALARY DESIRED	
ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?	<input type="checkbox"/> YES	NO	
HAVE YOU EVER APPLIED FOR A POSITION WITH SUSTAINABLE POWER SYSTEMS, LLC?	<input type="checkbox"/> YES	IF YES, WHEN?	<input type="checkbox"/> NO
HAVE YOU EVER WORKED FOR SUSTAINABLE POWER SYSTEMS, LLC before?	<input type="checkbox"/> YES	IF YES, WHEN?	<input type="checkbox"/> NO

PERSONAL:

ARE YOU AT LEAST 18 YEARS OLD?	<input type="checkbox"/> YES <input type="checkbox"/> NO
CAN YOU PROVIDE DOCUMENTED PROOF OF AUTHORIZATION TO WORK IN THE UNITED STATES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PROVIDE DETAILS	

AVAILABILITY FOR WORK:

TYPE OF WORK <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	DATE AVAILABLE FOR WORK
ARE YOU WILLING TO TRAVEL DAILY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO TRAVEL WEEKLY? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ON A LAYOFF AND SUBJECT TO RECALL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLEASE LIST ANY OVERTIME RESTRICTIONS

EDUCATION AND TRAINING:

	SCHOOL NAME CITY AND STATE	# YEARS ATTENDED	DID YOU GRADUATE?	MAJOR SUBJECTS, SPECIAL COURSES DEGREES
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
OTHER EDUCATION				
LICENSES AND CERTIFICATIONS				

EMPLOYMENT RECORD:

MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE

REFERENCES: PLEASE PROVIDE A MINIMUM OF 3 REFERENCES WHO ARE NOT RELATED TO YOU

FIRST NAME, LAST NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS AND INDIVIDUALS WITH DISABILITIES:

Special employment notice to disabled veterans, Vietnam Era veterans, and individuals with physical handicaps.

Government contractors are subject to 38 USC 2012 of the Veterans Era Veterans Readjustment Act of 1974 which requires they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified please sign here: _____

NON-COMPETE:

ARE YOU CURRENTLY BOUND BY THE TERMS OF ANY EMPLOYMENT AGREEMENT? YES NO

HAVE YOU EVER SIGNED AN EMPLOYMENT AGREEMENT? YES NO

YOU MAY BE REQUIRED AT ANYTIME, AS A CONDITION OF EMPLOYMENT TO SIGN A NON-COMPETE/ OR NON-DISCLOSURE AGREEMENT

PLEASE SIGN BELOW AS AN ACKNOWLEDGEMENT AND ACCEPTANCE OF THIS CONDITION OF EMPLOYMENT BY SUSTAINABLE POWER SYSTEMS,LLC

SIGNATURE:

DATE:

CERTIFICATE OF APPLICANT (READ CAREFULLY BEFORE SIGNING)

I certify that the answers given herein are completely true and accurate to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further consent and hereby authorize the Company to obtain a copy of my consumer credit report, driving record, and evidence that I possess automobile insurance satisfactory to the Company. I hereby release the Company from any and all claims or causes of action in any manner related to the release of information to the company. I understand and agree that this application is not a contract of employment and is not intended to be one. Furthermore, I understand and agree that this application is only valid for 30 days from application date, after which time, I must reapply to be considered for employment. In the event of employment, I understand and agree that false or misleading information given in my application or interview(s) may result in my immediate dismissal. I understand and agree that I am required to adhere to all of the company rules and regulations. I also hereby agree to abide by and follow all requirements in the Sustainable Power Systems Guidelines Manual as a condition of employment. Additionally, it is my responsibility to obtain and fully review the Guidelines Manual in its entirety.

DATE _____

SIGNATURE OF APPLICANT _____

DRIVERS LICENSE # _____ STATE ISSUED _____ EXPIRATION DATE _____
IF NO DRIVER'S LICENSE, PLEASE PROVIDE REASON _____

PROFESSIONAL LICENSES & BASIC WORK EXPERIENCE

ELECTRICAL LICENSES & CERTIFICATIONS - MASTER/JOURNEYMAN/REGISTERED APPRENTICE:

State or County License (PLEASE ATTACH COPIES)
License # _____ Expiration Date _____
License # _____ Expiration Date _____
License # _____ Expiration Date _____
State or County/City Apprenticeship License _____

APPRENTICE CERTIFICATION:

License or Certification # _____
I am currently enrolled _____ years *please attach copies of Letter of Verification or
Apprenticeship card

Have you ever taken any OSHA training courses or classes? Yes _____ No _____
First Aid or CPR Training _____

Hand Tools _____
Testing Equipment _____

WORK EXPERIENCE:

Old Work _____ Years	Comments _____
New Work _____ Years	Comments _____
Commerical _____ Years	Comments _____
Construction _____ Years	Comments _____
Service Work _____ Years	Comments _____

NOTE: Please check on a scale of 1-5, 1=Poor 5=Excellent

Bending Pipe _____ Running MC Cable _____ Pulling Wire _____
Underground Ground Cable Locating _____ Fire Alarm _____
Trouble shooting of basic electrical and diagnostic skills _____ Comments _____

Basic installation of wiring devices & fixtures _____
Reading & Interpretation of Electrical Drawings & Plans _____
Operating in Position of Service Technician on Service Truck _____

EQUIPMENT EXPERIENCE:

Underground Cable Locator _____ Thumper _____ Megger _____
Trencher _____
Bucket Truck _____
Any special skills or capabilities not mentioned above: _____
