

P.O. BOX 1142, AULT, CO 80610 Office: 970-834-1715 Fax: 970-834-2976

www.Delaney-Electric.com

APPLICATION

Name:		Date:	
Address	City	State	Zip Code
Phone Number:		Social Security N	Tumber:
Position Applying For:_		Date of Birth:	
Do you have CO Electric If Yes, when do you hav		Yes	No
Rate of pay requested \$_	per	Date available to	start work?
How did you learn about	1115?		
Do you have the right to		Yes	No
Are you currently emplo		Yes	No
	may we contact your prese	. 1 0	
Have you ever worked for	•	Yes	
•	s:		
	r relatives, other than spous		No
Can you travel to job site	on vour own	Yes	No
•	e/or Holiday if a job require		
•	victed of a felony? (A conv		
employment.)	victed of a ferony. (Freony	-	No
<u> </u>			
II. <u>References:</u>			
Please list below three re	eferences you have know for	r at least one year. (Plea	se exclude relatives)
Name & Occupation		Address	Phone Number
1.			
2.			



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III. Education:

Type of	Name & Address	Course of Study	Did You	List Degree/
School			Graduate ?	Diploma
High School				
College				
Business /				
Trade				
Other				

IV. Work History:

Please list most recent employer first with complete employment history, but do not provide dates of employment for jobs held more than five years ago.

Date	Employer's/Supervisor's Name, Address, & Phone No.	Job Title and Duties	Salary Start End	Reason for Leaving
From: To:				

То:			
May we contac	t the past and/or present employers listed '	? Yes	No
If No, indicate	those you do not want us to contact:		



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I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I HEREBY AGREE and understand that if hired, my employment is for an indefinite period of time; that regardless of how long I work for Delaney's Electric. Inc. I may be disciplined, laid-off, and/or discharged nay

that regardless of flow long I work to	of Defailey & Electric,	mc. I may be	disciplined, faid-off, and/of discharge
at any time with or without cause and	d with or without prio	r notice; and	that I, at all times during my
employment, serve merely at the wil	l and option of my en	nployer, not w	vith standing any other express or
implied, written or oral policies, prac	ctices, procedures, or	statements by	any individual which have been or
be made to the contrary.			
Signature of Applicant:			Date:
A	LCOHOL AND D	RUG TES	TING
I understand that if an offer of emplo	yment or continued e	mployment, a	as appropriate, is made, Delaney's
Electric, Inc. may require me to subr	•		
federal law. If the results of the drug	_		
Alcohol and Drug Abuse Policy), De		•	•
employed, take appropriate action in		•	r cy contract,
Signature of Applicant:	_		Date:
Office Use Only:			
To Be Completed After Hire:			
Employment By:		Position: _	
Start Date:	Start Rate:		_ Shift: