



Lightning Bug Electric Job Application

“A funny thing happens when you take the time to educate your employees, pay them well and treat them as equals. You end up with extremely motivated and enthusiastic people.”

-Tony Blanca
President

General Information

First Name: _____ MI: _____ Last Name: _____

Preferred First Name: _____ Maiden or Previous Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Cell/Mobile Phone: _____ Work Phone: _____

How would you like us to contact you? Home Email Cell/Mobile Work

If you have lived at the above address for less than 5 years, please provide your previous address.

Address: _____

City: _____ State: _____ Zip: _____

How did you find out about Lightning Bug Electric?

- Friend or Relative Posted Flyer Recruited by an employee from Lightning Bug Electric
 Mailer to Home Store Sign The Lightning Bug Electric website posting
 Internet Posting Newspaper Ad Job Fair
 Other

If recruited by an employee from Lightning Bug Electric, please tell us who encouraged you to apply:

Please list any friends or family who work for, or have worked for, Lightning Bug Electric.

Have you ever worked for Lightning Bug Electric? Yes No

If yes, what were your job duties? _____

Dates of previous employment at Lightning Bug Electric: From _____ To _____

Job Interest

Position applying for: Full Time Part Time Seasonal

Date available to start: _____

Availability (please check all that apply): Open-I'm Flexible! Weekdays Weekdays & a weekend shift

Week nights & a weekend shift Weekends

I am willing to travel: Not at all Occasionally A few days a month A couple of weeks a month

Are you at least 18 years of age? Yes No

Can you perform all of the functions of the position you are applying for? Yes No

If hired, can you provide proof that you are eligible to work in the United States? Yes No

Have you ever been convicted of, or plead guilty to, any law violation?* Yes No

If yes, please explain: _____

(*A conviction will not necessarily disqualify an application)

Education

Type of school: High School College Trade School

Name of School: _____ City/State: _____

From: _____ To: _____ Major/Program: _____

Did you graduate? Yes No Graduation Date: _____

Name of School: _____ City/State: _____

From: _____ To: _____ Major/Program: _____

Did you graduate? Yes No Graduation Date: _____

Name of School: _____ City/State: _____

From: _____ To: _____ Major/Program: _____

Did you graduate? Yes No Graduation Date: _____

Degree: In Progress High School Diploma GED or Equivalent AA BA BS MA MS

Other: _____

Military

Please provide all of your military history, including active reserve duties.

None

Type of service: Army Navy Air Force Marines

From: _____ To: _____ Final Rank: _____

Were you separated from the service with any degree of disability? IF yes, what degree? Yes No

Are you a member of a reserve organization? Yes No

Employment History List all work experience within the last 10 years beginning with your most recent position. Account for any time that you were unemployed by describing the nature of your activities.

EMPLOYER: _____ Job Title: _____

City: _____ State: _____ Phone: _____

Description of role and responsibilities: _____

Reason for Leaving: _____

Start Date: _____ End Date: _____ Starting Wage: _____ Ending or Current Wage: _____

May we contact this employer? Yes No Supervisor's Name: _____

EMPLOYER: _____ Job Title: _____

City: _____ State: _____ Phone: _____

Description of role and responsibilities: _____

Reason for Leaving: _____

Start Date: _____ End Date: _____ Starting Wage: _____ Ending or Current Wage: _____

May we contact this employer? Yes No Supervisor's Name: _____

EMPLOYER: _____ Job Title: _____

City: _____ State: _____ Phone: _____

Description of role and responsibilities: _____

Reason for Leaving: _____

Start Date: _____ End Date: _____ Starting Wage: _____ Ending or Current Wage: _____

May we contact this employer? Yes No Supervisor's Name: _____

References Please list at least three references (excluding past employers and relatives) whom you have known for a year or more.

Name: _____ Reference Type: Professional Personal

Company: _____ Title: _____

Phone: _____ E-mail: _____

Name: _____ Reference Type: Professional Personal

Company: _____ Title: _____

Phone: _____ E-mail: _____

Name: _____ Reference Type: Professional Personal

Company: _____ Title: _____

Phone: _____ E-mail: _____

Information Release and Job Verification Form

Lightning Bug Electric seeks people from a variety of backgrounds who are committed to providing exceptional customer service. We always strive to create a fun workplace that fosters teamwork and mutual respect. We provide a friendly and safe environment for both our staff and our customers. For this reason, we require the following information:

I, _____ acknowledge that I have applied for a position with Lightning Bug Electric. I understand that as a condition of my employment with Lightning Bug Electric, the company will gather information about my background. I request and authorize Lightning Bug Electric to investigate any information regarding my background, general reputation, personal and business references and education.

I hereby authorize and permit former employers (except those indicated otherwise), schools, and police agencies to provide information concerning me to Lightning Bug Electric. I expressly release Lightning Bug Electric or any such information provider from any liability to the provision of information pertaining to me.

I understand that upon written request made by me within a reasonable period of time after inquiry is made, Lightning Bug Electric will disclose to me the nature and scope of its investigation.

Name: _____
First Middle Last Maiden or Previous Name

Social Security Number: _____

Current Home Address: _____

City, State, Zip: _____

County: _____

Date of Birth: _____

Signature: _____

Date: _____

Verification of Employment

Employed from: _____ to _____

Last Job Title: _____

Your Name: _____

Date: _____

By submitting this application, I give my consent and authorize Lightning Bug Electric to verify my references and make an independent investigation of my character and product. I verify that all information supplied is true, correct, and complete to the best of my knowledge. If it is determined that I have submitted false or misleading data, I understand Lightning Bug Electric will no longer consider my application. Lightning Bug Electric reserves the right to terminate or rescind an offer based on the results of the background check. If employed by Lightning Bug Electric, I understand that my employment is for an indefinite period of time; that I have not been promised continued employment by Lightning Bug Electric for any definite, specified period of time; and that my employment may be terminated at any time, for any reason. Also, if employed by Lightning Bug Electric, I will be subject to its policies and guidelines as so stated in the Ultimate Employee Guide and subsequent employee guide/handbooks.

Additionally, if employed by Lightning Bug Electric, I may be required to take and pass a Human performance Evaluation, Physical, and Drug Test. Lightning Bug Electric may request drug screening test.

A agree to the terms and conditions of this application.

Signature: _____ Date: _____