

EMPLOYMENT EXPERIENCE (List Chronologically, Beginning with Present Employer)

1. Current Employer **Address** **Phone Number** *From Mo/Yr* *To Mo/Yr* **Last Salary**

Job Title: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____

2. Previous Employer **Address** **Phone Number** *From Mo/Yr* *To Mo/Yr* **Last Salary**

Job Title: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____

3. Previous Employer **Address** **Phone Number** *From Mo/Yr* *To Mo/Yr* **Last Salary**

Job Title: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____

4. Previous Employer **Address** **Phone Number** *From Mo/Yr* *To Mo/Yr* **Last Salary**

Job Title: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____

5. Previous Employer **Address** **Phone Number** *From Mo/Yr* *To Mo/Yr* **Last Salary**

Job Title: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____

SPECIAL SKILLS & QUALIFICATIONS

Summarize and provide examples of special skills and qualifications you have acquired from employment or other experience: _____

List office machine skills: _____

List computer background/knowledge/program proficiency: _____

Typing Speed (W.P.M.): _____

Other machines or tools operated: _____

MISCELLANEOUS

Have you ever filed an application with us before? Yes No If Yes, when? _____

Have you ever worked for us before? Yes No If Yes, when? _____

Department/Branch: _____ Position: _____

Reason for Leaving: _____

Have you ever worked for us under another name? Yes No If Yes, what name? _____

Are any of your relatives (including in-laws) currently employed by our Company? Yes No If Yes,

Name: _____ Relationship: _____

Work Location: _____

Have you ever been convicted of a felony within the last seven (7) years? Yes No

If Yes, Date: _____

Place: _____

Charge: _____

Disposition: _____

Do you have a valid driver's license: Yes No If No, Reason: _____

Is there anything that would prevent you from employment consideration with our Company? Yes No

If Yes, details: _____

Have you ever been discharged or asked to resign from a position? Yes No

If Yes, details: _____

Why do you wish to make a job change at this time? _____

Are you able to perform the essential job functions of the position you are applying for (i.e., valid driver's license)?

Yes No

Do you require any special accommodations? Yes No If Yes, please explain: _____

REFERENCES

Personal (Excluding Relatives)

Name	Address	Phone	Association
1.			
2.			
3.			

Business/Professional

Name	Place of Employment/Occupation	Phone	Association
1.			
2.			
3.			

APPLICANT STATEMENT

I certify that the information I have provided herein is true and complete, and I realize that misrepresentation or omissions will disqualify me from employment consideration or may be cause for my discharge. I affirm that I have a genuine intent in employment with BJ Electric Supply, Inc. (hereinafter "the Company") and no other purposes in applying for a job with the Company. I further understand that any derogatory information discovered may prevent my being hired or, if hired, may subject me to immediate discharge.

I authorize the Company to investigate or have an investigative agency investigate all statements contained in this application and/or resumé submitted, including information pertaining to my personal history, education, criminal conviction record and financial/credit record. I also authorize all of my current and/or previous employers, references, credit reporting agencies/bureaus, educational institutions and any other person(s), institutions or agencies contacted by the Company to provide all records and information as requested by the Company either prior to, during or after my employment, and I release all parties, including BJ Electric Supply, Inc., from any and all liabilities arising from such disclosures.

I agree not to publish or disclose to anyone outside the Company, or use in anything other than the Company's business, any trade secrets or confidential, technical or business information or material from the Company, either prior to, during or after employment with the Company, except with the Company's written permission.

In consideration of my employment, I agree to conform to and abide by the rules, regulations, policies and procedures of BJ Electric Supply, Inc. I understand that my employment benefits and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no employee, representative or agent of BJ Electric Supply, Inc. has the authority to enter into any oral or written agreement for employment for any period of time or to make or imply any agreement contrary to the foregoing. I further understand that this document, any employment interviews or any offer of employment does not constitute an employment contract and that any employment with BJ Electric Supply, Inc. is strictly on an at-will basis.

If employed by BJ Electric Supply, Inc., I understand that I will receive a copy of the BJ Electric Supply, Inc. Company Employee Handbook, which outlines the Company benefits, policies and procedures, as well as my employment responsibilities. I understand that it is my responsibility to read, know and follow all policies contained within this Handbook. I also understand that the information contained within this Handbook is subject to change as situations warrant, and the Company has the right to amend this information unilaterally, with or without prior notice. I also understand changes in the policies may supersede, modify or eliminate the policies contained in the Handbook, in any way whatsoever, without prior notice.

If my employment with BJ Electric Supply, Inc. is terminated, I understand and agree that the Company has no liability for wages or benefits except such as may have been earned up to the date of such termination. I understand that the Company can change wages, benefits and conditions of employment at any time without prior notification.

I understand and agree that any offer of employment by BJ Electric Supply, Inc. to me is contingent on my ability to perform the essential job functions of the position which may be offered. I further understand and agree that if I am unable to perform such job functions with reasonable accommodation that such offer of employment may be revoked or rescinded by BJ Electric Supply, Inc. at any time with or without notice.

I understand and agree to all parameters as outlined in the above statement as attested by my signature below, I also certify that I am willing to have a photocopy or facsimile of this authorization accepted with the same authority as the original.

Applicant Signature _____ **Date** _____

FOR ADMINISTRATIVE USE ONLY

A _____ I _____ O _____ H _____
(Date) (Date) (Date) (Date)

Job Title: _____

Remarks: _____

CITY OF MADISON Self-Identification Form

The City of Madison has adopted an Affirmative Action Ordinance and the following information is voluntary and allows us to meet government-reporting requirements and evaluate the effectiveness of our recruitment efforts. The information will be kept confidential and when reported, data will not identify any specific individual. Refusal to provide this information will not subject you to any adverse treatment in accordance with City of Madison policies and ordinances, which forbids discrimination-based on this information.

Last name (print clearly)	First name	Middle name	Date
Application for position of: _____		Department/Division: _____	

VETERAN STATUS: (please check one)

- Non Veteran
 Veteran claiming disability (DD214 Form and Veterans Disability Form must be attached)
 Veteran (DD214 Form must be attached)
 Other (specify service dates): _____

ETHNICITY: (SELECT ONE)

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
 Not Hispanic or Latino

RACE: (SELECT ONE OR MORE)

- American Indian or Alaskan Native - A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
 Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 Black or African American - A person having origins in any of the Black racial groups of Africa.
 Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

GENDER: Male Female

DATE OF BIRTH: _/_/____
 Month Day Year

If you should become a finalist in the hiring process, the City of Madison will require your date of birth. This information is intended for the sole use of a background investigation process for candidates.

SOCIAL SECURITY NUMBER: _____

The provision of your social security number is not mandatory. It will be used only for applicant tracking purposes. If you choose not to provide your SS# at this time, the Human Resources Department will provide you an arbitrary nine-digit number.

DISABILITY: Do you have a disability? Yes No

The City of Madison considers a person with a disability anyone who meets the definition under either the American With Disabilities Act or the Wisconsin Fair Employment Act. You may contact the Occupational Accommodations Specialist at the number listed below if you need additional information.

If you need reasonable accommodation(s) during the application process due to disability related functional limitations, please notify City of Madison Human Resources Occupational Accommodations Specialist at (608) 267-1156; TTY/Textnet (866) 704-2340; sseverson@cityofmadison.com

I need an accommodation in the hiring/examination process: Yes No

If yes, accommodation requested is (i.e., extended time, reader, alternative test format, other): _____

****You will be required to provide written verification from a doctor or other authorized person confirming your disability and indicating reasonable accommodation.**

HOW DID YOU LEARN OF THIS VACANCY?

- | | |
|--|---|
| <input type="checkbox"/> City Website (www.cityofmadison.com) | <input type="checkbox"/> City Agency Bulletin Board |
| <input type="checkbox"/> Human Resources Bulletin Board (HR office, walk-in) | <input type="checkbox"/> Word of Mouth (family, friend, employee, etc.) |
| <input type="checkbox"/> Human Resources Job Opportunity Line | <input type="checkbox"/> Local Newspapers |
| <input type="checkbox"/> Madison City Channel | <input type="checkbox"/> Other: _____ |