EMPLOYMENT APPLICATION FORM



Lighting Maintenance, Inc. (LMI) is an Equal Opportunity and EEO/Affirmative Action employer committed to excellence through diversity. Employment offers are made on the basis of job-related qualifications, and without regard to race, sex, religion, national or ethnic origin, age, disability, veteran status, genetic information, sexual orientation, or any other status protected by law or regulation.

PLEASE PRINT Complete the entire application. Answer each question fully and accurately. Your application will be deemed incomplete and may not be considered, if you do not complete all questions. Use a blank piece of paper if you do not have enough room on this application.

PERSONAL INFORMATION					
Name (Last, First, Middle):			Date:		
Street Address:				City. State & Zi	p:
Social Security Number:	Home Phone:		Work Phone:	I	Cell Phone:
Are you legally eligible to work in	the United States?		Yes	□ No	Email Address:
Are you 18 years of age or older?	,		Yes	□ No	Position Applied For:
Do you have a valid driver's licen	se?		☐ Yes	□ No	Driver's License Number, Expiration Date & State:
Do you have a Commercial Drive	r's License (CDL)?		Yes	□ No	If yes, list class and endorsements:
What is your preferred method of	contact?	lome e	Cell Phone	Email	
If necessary, when is the best time	e to call you? Betw	veen		and	
Have you ever been employed by	/ LMI?		☐ Yes	□ No	If yes, provide dates: From: To:
Have you ever submitted an appl	ication to LMI?		Yes	□ No	If yes, give date(s) & positions applied for:
What date can you start work at I	_MI?		Desired salary	range or hourly r	rate?
Will you relocate if the job require	es it?	l _{No}	Type of employ	ment desired? I	Full Time Part Time
Will you travel if the job requires It?		Are you related to any current employee at LMI? Yes No			
Are you able to lift 50 pounds?	☐ Yes ☐	No	If yes, name &	their relationship	to you?
Are you able to climb ladders and	I work at heights?	Yes	□ No		
Have you ever pleaded guilty, no (A conviction will not necessarily If yes, give dates and details:				Yes No	

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Name of School	City/State	Did you graduate?	If no, # of years left to graduate	If yes, date of graduation	Degree received	Major
High School:						
GED:						
Other School:						
College:						
College:						
Other credentials / licenses /	professional affiliations	s, etc., which are	relevant to the job	for which you are a	applying:	

SKILLS & QUALIFICATIONS: List any licenses and/or certificates that may assist you in performing the position for which you are applying.

Description	Number	Expires

ndicate the number of	year's experience you	have for each	of the following:
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Power Hand Tools	Bending Conduit	120/240 Voltage
 Air Compressor	 Puling Wire	 277/480 Voltage
 Bucket Trucks <40'	 Skidsteer	 High Voltage
 Bucket Trucks 40-60'	 Directional Drill	 Control Wiring
 Bucket Trucks >70'	 Vacuum Excavator	 Panel Install
 Digger Derricks	 Miss Utility	 Transformers
 Cranes	 Trench Safety	 Motor Starters
 Trailer Loading	 Pole Climbing	 Motors
 Trenchers	 Parking Lot Lighting	 Setting Poles
 Backhoe	 Street Lighting	 Traffic Control
 Fork Lift	 Neon Signs	 DVR
 Excavator	 Florescent Signs	 Splicing
 Ram Hoe	 Sports Lighting Repair	 Cable Locating
 Welding	 Spot Lighting Build	 Fault Locating
 CDL License	 LED Fixtures	

COMPUTER SKILLS: (Indicate number	r of years)					
E-Mail	Excel					
Internet	Word					
— Smart Phone IPhone —	——— AutoCad					
— GPS Navigation —	Estimating					
— Outlook —	Mapping Software					
positions with the same organization, det employment may be considered falsificat with the notation "See Resume." PLEASI information.	ail each position separately. <u>A</u> ion of information. Please exp	ith your <u>current</u> or most recent employer. If you held multiple Attach additional sheets if necessary. Omission of prior plain any gaps in employment. Do not complete this information to contact all current and former employers for reference				
Dates of Employment:						
Company Name:	Address:					
Phone:	Supervisor:					
Starting Salary:	Ending Salary:	May we contact this employer?				
Primary Duties:						
Dates of Employment:	Position Held:	Position Held:				
Company Name:	Address:	Address:				
Phone:	Supervisor:					
Starting Salary:	Ending Salary:	May we contact this employer?				
Primary Duties:						
Dates of Employment:	Position Held:					
Company Name:	Address:					
Phone:	Supervisor:					
Starting Salary:	Ending Salary:	May we contact this employer?				
Primary Duties:						
Dates of Employment:	Position Held:					
Company Name:	Address:					
Phone:	Supervisor:					
Starting Salary:	Ending Salary:	May we contact this employer?				
Primary Duties:		<u></u>				

KELAII	ED INFORMATION: IS I	nere any additional job-	related information yo	u want us to know abou	it you?	
PERSON	IAL/PROFESSIONAL R	EFERENCES:				
	Name	Phone Number	Email	Relationship	Years Know	
	SANT STATEMENT:					
•	hat all information I have pr					
and profe provided employee	sly authorize, without reser- essional), employers, publi- by me in the application es or representatives, for s sons, corporations or organ	ic agencies, licensing auth , resume or job interview. seeking, gathering and us	norities and educational i . I hereby waive any sing truthful and non-def	nstitutions and to otherwis and all rights and claims	se verify the accuracy of a limay have regarding LN	all information //I, its agents,
	tand that LMI does not u					of limiting or
	and this application remain wish to be considered for er					
terminate constitute of LMI is	red, I understand that I am e my employment at any tir e an agreement or contra authorized to make any a unless they are in writing a	me, with or without cause a act for employment for a assumptions to the contrary	and without prior notice, any specified period or d y and no implied oral or	except as may be require efinite duration. I understa	ed by law. This applica and that no supervisor or	tion does not representative
	tand that if am hired, I will and that federal laws require		, ,	authorization to work in the	ne United	
I underst	tand I will be required to ent.	successfully pass a drug	g screening test. I here	eby consent to a pre-em	ployment drug screen as	a condition of
	tand that any information per me from further considera					
DO NO	T SIGN UNTIL YOU	HAVE READ THE AE	BOVE APPLICANT	STATEMENT		
I certify	that I have read, fully	understand, and acc	ept all terms of the f	orgoing Applicant Sta	itement.	
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Signatu	ure of Applicant			Date		