

**COMPANY: LUNA LUCE, LLC-VILLI ELECTRICAL SERVICES  
APPLICATION FOR EMPLOYMENT**

POSITION DESIRED \_\_\_\_\_ FULL TIME  
PART TIME TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

*"WE ARE AN EQUAL OPPORTUNITY EMPLOYER"*

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET # APT # CITY STATE ZIP

HOW LONG HAVE YOU LIVED IN YOUR CURRENT ADDRESS? \_\_\_\_\_  
YEARS MONTHS

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_  
STREET # APT # CITY STATE ZIP

HOW LONG DID YOU LIVE THERE? \_\_\_\_\_ ARE YOU 16 OF  
YEARS MONTHS AGE OR OLDER? YES NO

**APPLICANT'S STATEMENT**

I understand that if the company hires me, my employment will be for no definite period, regardless of the period of payment of my wages. I also understand that I have the right to terminate my employment at any time with or without notice to the Company, and the Company has the same right to terminate my employment at any time with or without notice to me. No one other than the president of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing and signed by the Company's president.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by applicable law. I authorize the Company to investigate my driving record, my criminal record, and my credit history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends, and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of this investigation.

I grant the Company authorization to contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with the Company to my future prospective employers and I agree to hold the Company harmless for providing such information.

I certify that all of the information that I provide on this application and in any interviews will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be immediately dismissed.

***I HAVE READ AND UNDERSTAND THIS STATEMENT***

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Do you have any physical limitations which would you prevent you from doing the job that you are applying for? **YES** **NO** If yes, please explain:

---

Have you worked for this company before? **YES** **NO**  
 If yes, give dates, locations, and positions \_\_\_\_\_

Do you have any friends or relatives working here? **YES** **NO** Relationship: \_\_\_\_\_

How would you get to and from work? \_\_\_\_\_

Have you ever pled guilty or “no contest” to a crime or have been convicted of a crime? **YES**  
 If yes, give dates and details: **NO**

---

*Note: Answering “yes” to this question is not an automatic bar to employment. Only those crimes that are substantially related to the position you are seeking will be considered – so be truthful and be complete.*

**\*\*RECORD OF PREVIOUS EMPLOYMENT**

Identify your present and previous employers in chronological order with present or first employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

EMPLOYER Present or Previous	EMPLOYMENT DATES	PAY		POSITION SUPERVISOR	REASON FOR LEAVING
		Start	Finish		
Company:	From: (mo/yr)	\$	\$	position:	
Address:					
City, State, Zip:	To: (mo/yr)	week	supervisor:		
Telephone:		month			
		year			
Company:	From: (mo/yr)	\$	\$	position:	
Address:					
City, State, Zip:	To: (mo/yr)	week	supervisor:		
Telephone:		month			
		year			
Company:	From: (mo/yr)	\$	\$	position:	
Address:					hour
City, State, Zip:	To: (mo/yr)	week	supervisor:		
Telephone:		month			
		year			
Company:	From: (mo/yr)	\$	\$	position:	
Address:					hour
City, State, Zip:	To: (mo/yr)	week	supervisor:		
Telephone:		month			
		year			

Have you ever been terminated or asked to resign?

YES

NO

If yes, please explain:

Explain in detail any gaps in your employment history:

May we contact your previous employer?

YES

NO

If no, please explain:

**\*\*PREVIOUS WORK EXPERIENCE**

Please indicate any actual work experience that you feel is relevant to the position for which you are applying:

**\*\*EDUCATION**

School Name & Location	Years Completed	Diploma/Degree	Course of Study or Major	Specialized Training, Skills, & Activities
Elementary				
High School				
College/University				
Graduate/Professional				
Trade or Correspondence				
Other				

**\*\*PERSONAL REFERENCES**

List persons who know you well (other than relatives or previous employers):

NAME	OCCUPATION	YEARS KNOWN	TELEPHONE	ADDRESS

**\*\*DRIVING INFORMATION**

Do you have a current driver's license?      **YES**      **NO**      State \_\_\_\_\_ License # \_\_\_\_\_

Has your driver's license ever been suspended or revoked?      **YES**      **NO**  
If yes, please explain the circumstances:

---

---

Have you ever been convicted in any state for driving under the influence (DUI) or driving while intoxicated (DWI)? If yes, please explain the circumstances:      **YES**      **NO**

---

---

List all moving traffic violations in the last five (5) years:

Offense	Date	Location	Offense	Date	Location

Do you have personal automobile liability insurance?      **YES**      **NO**

Has your personal automobile liability insurance ever been cancelled?      **YES**      **NO**  
If yes, please explain:

---

---

**\*\*EMERGENCY CONTACT INFORMATION**

In case of an accident or other emergency, who should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Street City State

Work Address \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Street City State

**ALTHOUGH THE COMPANY MAY KEEP THIS APPLICATION ON FILE INDEFINITELY, THIS APPLICATION WILL BE CONSIDERED CURRENT AND ACTIVE ONLY FOR THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.**

**I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE