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adkelectricinc@adkelectricinc.com

TO ALL APPLICANTS,

Thank you for applying to ADK Electric, Inc.. ADK Electric, Inc. is a licensed electrical contractor serving Washington, Oregon, Texas, and California. Our field staff of electricians includes both Journeyman and apprentices.

CAREERS AVAILABLE AT ADK ELECTRIC, INC.

ADK , Inc. has several positions on staff. Those positions include Journeyman Electricians, Apprentice Electricians, Administrative, and Shop Employees. ADK Electric, Inc. offers a full benefit package including medical and dental benefits, 401K package, and paid vacation. Pay rates are determined by licenses held and experience.

OUR APPLICATION PROCESS – WHAT YOU CAN EXPECT FROM US

ADK Electric Inc receives and reviews all applications, but incomplete applications are not accepted. Submittal of an application does not guarantee an interview or a job. Interviews and hiring is done on an as needed basis. Applications are reviewed and accepted or rejected in regards to the position applied for depending on completeness and experience. Applicants with accepted applications will be contacted by ADK to arrange for an interview, as employment needs arise. Applications are kept on file for 90 days, after which point interested parties must re-apply.

STARTING TOWARDS A NEW CAREER – WHAT WE EXPECT FROM YOU

The first step is to fully complete your application for employment. We do not accept resumes alone, but they may be attached to your application. If your application is accepted, **you will be contacted** by phone or mail for your initial testing and interview. **Please do not** call us. **We will contact** all applicants whose applications were accepted.

Pre-Employment drug testing is required for all positions. Employment will require transfer to different work locations based on the location of our projects and employee assignment. This may include overtime, night, weekend and/or holiday hours. In accordance with Federal law, proof of identity and proof of authorization to work in the United States is required upon employment.

APPRENTICE NOTICE

ADK Electric, Inc. is a proud member and training agent for the JATC Area One Apprenticeship Program. For information about how to join the JATC Area One Apprenticeship Program please call the JATC at (503) 459-4056.

Alan Kangas, President – ADK Electric, Inc.

Before beginning the rest of the application please answer the following questions.

(Note: there is no right or wrong answer. We really just want to you answer honestly to help us understand who you are and what you care about.

1. What attracted you to ADK?

2. Are you a leader or a team player? Why or why not?

3. What is the most important position in the company?

4. Aside from you technical skills, what will you bring to ADK?

5. What's your difference?

AN EQUAL OPPORTUNITY EMPLOYER

IMPORTANT, PLEASE READ THESE INSTRUCTION PRIOR TO COMPLETING YOUR APPLICATION: This application must be **FULLY COMPLETED** for consideration. Do not leave any question or information block unanswered. If you do not know an answer to a question, write UNKNOWN in the block. If a question does not apply to you, place an N/A in the answer block or set of blocks. You may attach a resume to this application, but resumes alone will not be considered for employment. **DO NOT MARK THE APPLICATION "SEE RESUME"**.

SECTION 1) APPLICANT INFORMATION:

Position Applied for: Please choose one. Electrician Apprentice Laborer Administrative Shop ___ 2 year/ ___ 4 year ___ WA / ___ OR ___ WA/& ___ OR			Application Date: _____
Date Available for Work: _____	Type of Employment Desired: Full Time Part Time Temporary: Date from _____ to _____	Desired Pay Rate: \$ _____	

Last Name:	First Name	Middle Initial
Home Address:		
City:	State:	Zip Code:
Mailing Address: (If different)		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Email Address:

1. Are you under 18? Yes No
 - 1a) If yes, can you furnish a work permit? Yes No N/A
 - 1b) If no, please explain: _____
2. Are you now or have you previously been employed by ADK Electric, Inc.? Yes No
 If yes, give position and dates: _____
3. If asked, can you provide proof of eligibility to work in the United States? Yes No
4. Are you able to meet attendance requirements which may include overtime, week-ends and nights? Yes No
5. Have you been convicted of a crime or served time in jail/prison in the last seven (7) years? Yes No If yes, please attach an additional page with explanation.

Note: A conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

SECTION 2) EMPLOYMENT HISTORY:

1. **Have you ever been terminated or asked to resign from any job?** Yes No
If Yes, please explain the circumstances on a separate sheet and attach it to this application.
2. Starting with your present employer, please account for your past work experience for the **last 10 years**. If applicable, please explain fully any gaps in your employment history in the sections provided. You may attach any supplemental information you think might be useful. However, be sure to fill out this section completely. You are responsible for ensuring that the information requested is accurate and complete.

Job Title:		Start Date:	End Date:
Employer Name:		Phone:	
Employer Address:			
Supervisor Name, Title and contact phone number:			
Co-worker Name, Title and contact phone number:			
Co-worker Name, Title and contact phone number:			
Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain on a separate sheet.	
Reason for leaving:			
Nature of Work Performed and Job Responsibilities:			

Please explain any gap in employment history here, ONLY if gap doesn't have to do with a disability. List reason below (ie: travel, school, etc.) If you need additional space, please attach a separate sheet to your application	From Date	To Date

Job Title:		Start Date:	End Date:
Employer Name:		Phone:	
Employer Address:			
Supervisor Name, Title and contact phone number:			
Co-worker Name, Title and contact phone number:			
Co-worker Name, Title and contact phone number:			
Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain on a separate sheet.	
Reason for leaving:			
Nature of Work Performed and Job Responsibilities:			

SECTION 2) EMPLOYMENT HISTORY (continued):

Please explain any gap in employment history here, ONLY if gap doesn't have to do with a disability. List reason below (ie: travel, school, etc.) If you need additional space, please attach a separate sheet to your application	From Date	To Date

Job Title:	Start Date:	End Date:
Employer Name:	Phone:	
Employer Address:		
Supervisor Name, Title and contact phone number:		
Co-worker Name, Title and contact phone number:		
Co-worker Name, Title and contact phone number:		
Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain on a separate sheet.
Reason for leaving:		
Nature of Work Performed and Job Responsibilities:		

Please explain any gap in employment history here, ONLY if gap doesn't have to do with a disability. List reason below (ie: travel, school, etc.) If you need additional space, please attach a separate sheet to your application	From Date	To Date

Job Title:	Start Date:	End Date:
Employer Name:	Phone:	
Employer Address:		
Supervisor Name, Title and contact phone number:		
Co-worker Name, Title and contact phone number:		
Co-worker Name, Title and contact phone number:		
Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain on a separate sheet.
Reason for leaving:		
Nature of Work Performed and Job Responsibilities:		

If you need additional space for employment history of the last five years, please attach a separate sheet using the same format. Please ensure that each of the questions asked are answered in the same order.

SECTION 3) EDUCATION, TRAINING, CERTIFICATES & LICENSES

1. Do you have a high school diploma, GED or equivalent? Yes No

List all schools attended, except elementary and middle schools (**DO NOT list from/to dates for High School**):

Name	Location	Dates Attended		Specify Degree or Certificate Earned
		From	To	

2. Do you have a valid driver's license? Yes No
 (Answer only if you are applying for a job that requires driving a company vehicle)

Note: A valid driver's license is required for positions where vehicle or equipment operation is an essential job duty.

List all valid drivers' licenses (if yes), flagger certifications or other government issued licenses you currently have.

State	License Number	Date Issued/Date of Expiration
		/
		/
		/

SPECIAL SKILLS / QUALIFICATIONS:

3. List any special skills or qualifications you may possess:

MACHINERY / EQUIPMENT OPERATING SKILLS

4. List any specialized machinery or equipment that you can operate. Please include any certification dates of formal training received:

SECTION 4) REFERENCES:

A. List two (2) **PERSONAL** references who know you well enough to provide current information about yourself. **DO NOT** list relatives or former employers as personal references. These persons should be aware that they may be contacted by ADK Electric, Inc. as a part of the application process.

YOU ARE RESPONSIBLE FOR ENSURING THAT THE REFERENCE INFORMATION IS FULLY COMPLETED AND ACCURATE.

1) NAME: _____ PHONE NO: _____

MAILING ADDRESS: _____

MESSAGE PHONE: _____ YEARS KNOWN: _____

2) NAME: _____ PHONE NO: _____

MAILING ADDRESS: _____

MESSAGE PHONE: _____ YEARS KNOWN: _____

B. List three (3) **BUSINESS / PROFESSIONAL** references that know you and your work style, or work habits well enough to provide current information about you. These persons should be aware that they may be contacted by ADK Electric, Inc. as a part of the application process.

1) NAME: _____ PHONE NO: _____

COMPANY NAME: _____

BUSINESS ADDRESS: _____

TITLE: _____ YEARS KNOWN: _____

2) NAME: _____ PHONE NO: _____

COMPANY NAME: _____

BUSINESS ADDRESS: _____

TITLE: _____ YEARS KNOWN: _____

3) NAME: _____ PHONE NO: _____

COMPANY NAME: _____

BUSINESS ADDRESS: _____

TITLE: _____ YEARS KNOWN: _____

**DECLARATION AND CERTIFICATE OF UNDERSTANDING
&
PERMISSION TO OBTAIN INFORMATION**

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give ADK Electric, Inc., (hereinafter referred to as employer) the right to contact and obtain information from all references, current and former employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and other representatives from seeking, gathering and using such information and all other persons, corporations or organization for furnishing such information.

I understand that the employer does not unlawfully discriminate in employment and no questions on this application will be used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by local, state or federal law.

I understand that this application is current for only 90 calendar days. At that time, if I have not heard from the employer and still wish to be considered for employment, I will be required to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or defined duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am offered a position with employer, I will be required to provide proof of identity, legal work authorization, and pass a pre-employment drug test, and a non-discriminatory physical assessment screen as a condition precedent to my employment by employer.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant:	Date:
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For Employer Use Only – Comments:

- Application Reviewed Date: _____
- Application incomplete – File. Application exceeds / does not meet qualifications – File.
- Application expired – File. Date: _____
- Application accepted.
- Initial Interview Date: _____ Pass: Yes No – File FTA - File
- Final Interview Date: _____ Pass: Yes No – File FTA - File
- Pre-Employment Meeting Date: _____ Pass: Yes No – File FTA - File
- Hire Date: _____