

Mountain Electric, LLC
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 MountainElectricOffice@gmail.com



ELECTRICAL EMPLOYMENT APPLICATION

(Please Print Clearly – complete all 6 pages)

Position(s) Applying for:

Application Date: ____/____/____

Personal Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ____-____-____ Work Phone: ____-____-____ ext. ____ Cell Phone: ____-____-____

Email Address: (if available) _____

How did you hear about our company? _____

Employment Information

Citizenship/Work Status: U.S. Citizen Green Card Holder U.S. Work Permit/Visa Canadian Citizen Canadian Work Permit/Visa

Current Employer: (if any) _____

Years of Work Experience directly related to the position you are applying for: _____

Employment Type Desired: Full-Time Part-Time

Desired Compensation: \$ _____ Hourly Annual

Other Compensation Desired: _____

When are you available to start work? _____

Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College/University				
Bus. or Trade School				
Professional School				

Criminal History

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR (except any minor traffic violations)? No Yes

If yes, please explain and attach any relevant documentation. _____

Drivers License Information

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No

Do you have reliable transportation to work (please be specific)? _____

Driver's license number: _____ State of Issue: _____

Operator Commercial (CDL) Chauffeur Do you have a clean driving record? Yes No

List any Moving Violations and/or Accidents from the last 3 years: _____

Military Service

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No Branch: _____

ARE YOU CURRENTLY A MEMBER OF THE NATIONAL GUARD or RESERVES? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

Please list your work experience for the past 5 years beginning with your most recent job.
If you were self-employed, give firm name. Attach additional sheets if necessary. Attach Resume if applicable.

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Address with city/state/zip:		From	Start
Phone:	Your last job title		
To			
Final			
Specific reason for leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Address with city/state/zip:		From	Start
Phone:	Your last job title		
To			
Final			
Specific reason for leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer: Address with city/state/zip: Phone:	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Specific reason for leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer: Address with city/state/zip: Phone:	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Specific reason for leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

ELECTRICAL INDUSTRY SKILLS SECTION INSTRUCTIONS: ONLY select the specific industry skills that you consider yourself to be very knowledgeable about, with a high level of competency.

Electrical Industry Skills

What types of systems have you worked with? (Select all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Access Control | <input type="checkbox"/> Hydraulic Systems | <input type="checkbox"/> Radio-RF |
| <input type="checkbox"/> Building Management | <input type="checkbox"/> Low Voltage | <input type="checkbox"/> Security Systems |
| <input type="checkbox"/> CCTV | <input type="checkbox"/> Manufacturing Equipment | <input type="checkbox"/> Signaling Systems |
| <input type="checkbox"/> Climate Control | <input type="checkbox"/> Mechanical Systems | <input type="checkbox"/> Solid State |
| <input type="checkbox"/> Data | <input type="checkbox"/> Medium Voltage | <input type="checkbox"/> Street & Highway Lighting |
| <input type="checkbox"/> Elevators | <input type="checkbox"/> Overhead Cranes | <input type="checkbox"/> Traffic Signaling |
| <input type="checkbox"/> Emergency Critical Load (computer) Distribution Systems | <input type="checkbox"/> Pneumatic Systems | <input type="checkbox"/> Transistorized Subsystems |
| <input type="checkbox"/> Fire Systems | <input type="checkbox"/> Power Distribution | <input type="checkbox"/> Voice/Telecom |
| <input type="checkbox"/> High Voltage | | |

What types of wiring have you worked with? (Select all that apply)

- | | | | | |
|------------------------------|-------------------------------|-------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> 110 | <input type="checkbox"/> 4160 | <input type="checkbox"/> Cat5 | <input type="checkbox"/> Fiber Optic | <input type="checkbox"/> Phone |
| <input type="checkbox"/> 220 | <input type="checkbox"/> 480 | <input type="checkbox"/> Coax | | |

What specific parts, accessories, or fixtures have you worked with? (Select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> 3-Way Switches | <input type="checkbox"/> Electrical Switchgear Assemblies | <input type="checkbox"/> Motors |
| <input type="checkbox"/> AC | <input type="checkbox"/> Fluorescent Lighting | <input type="checkbox"/> Outlets |
| <input type="checkbox"/> Attic Fans | <input type="checkbox"/> Fuse Box | <input type="checkbox"/> Panel Boards |
| <input type="checkbox"/> Ceiling Fans | <input type="checkbox"/> Fuses | <input type="checkbox"/> PLC |
| <input type="checkbox"/> Circuit Breaker Box | <input type="checkbox"/> Generators | <input type="checkbox"/> Relays |
| <input type="checkbox"/> Conduit Pipe | <input type="checkbox"/> Halogen Lighting | <input type="checkbox"/> Service Box |
| <input type="checkbox"/> Conduit Tubing | <input type="checkbox"/> Intercoms | <input type="checkbox"/> Terminals |
| <input type="checkbox"/> Control Panel | <input type="checkbox"/> Lighting Fixtures - Recessed | <input type="checkbox"/> Transformers |
| <input type="checkbox"/> DC | <input type="checkbox"/> Lighting Fixtures - Surface Mount | <input type="checkbox"/> Variable Frequency Drive |
| <input type="checkbox"/> Dimmer Switches | <input type="checkbox"/> Load Centers | <input type="checkbox"/> Wall Switch |
| <input type="checkbox"/> Electric Meter | <input type="checkbox"/> Motor Controls | |

Electrical Industry Skills Continued

What Applications do you have experience with? (Select all that apply)

- | | | | | |
|--------------------------------------|--|--|---|--------------------------------------|
| <input type="checkbox"/> Aircraft | <input type="checkbox"/> Floating Floor | <input type="checkbox"/> Industrial | <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Clean Rooms | <input type="checkbox"/> Government Projects | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Off-Shore | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Hospitals/Medical | <input type="checkbox"/> Marine | <input type="checkbox"/> Public Utilities | |

What Job Functions have you performed? (Select all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Activity Reporting | <input type="checkbox"/> Drywall Repair | <input type="checkbox"/> NETA | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Activity Tracking | <input type="checkbox"/> Electrical Compatibility | <input type="checkbox"/> OEM | <input type="checkbox"/> Sales - In Home |
| <input type="checkbox"/> Advertising (broadcast) | <input type="checkbox"/> Engineer/PE | <input type="checkbox"/> Operate Power Tools | <input type="checkbox"/> Sales - Retail |
| <input type="checkbox"/> Advertising (online) | <input type="checkbox"/> Estimator | <input type="checkbox"/> Operations Manager | <input type="checkbox"/> Sales - Wholesale |
| <input type="checkbox"/> Advertising (print) | <input type="checkbox"/> Executive | <input type="checkbox"/> P&L | <input type="checkbox"/> Sales - Residential |
| <input type="checkbox"/> Air Hammer Operation | <input type="checkbox"/> Expense Reports | <input type="checkbox"/> Plan-O-Grams/Schematics | <input type="checkbox"/> Sales Management, Area |
| <input type="checkbox"/> ANSI | <input type="checkbox"/> Fabricating | <input type="checkbox"/> Plan/Spec | <input type="checkbox"/> Sales Management, National |
| <input type="checkbox"/> Appliance Installation | <input type="checkbox"/> Facility Manager | <input type="checkbox"/> Planning | <input type="checkbox"/> Sales Management, Regional |
| <input type="checkbox"/> Assembling | <input type="checkbox"/> Field Supervisor | <input type="checkbox"/> Policy/Procedure Development | <input type="checkbox"/> Sales Training Development |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Forecasting | <input type="checkbox"/> Power Tools | <input type="checkbox"/> Service |
| <input type="checkbox"/> Building Codes | <input type="checkbox"/> Foreman | <input type="checkbox"/> Prepare Financial Reports | <input type="checkbox"/> Service Agreements |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> General Construction | <input type="checkbox"/> Presentation Preparation | <input type="checkbox"/> Shipping Coordination |
| <input type="checkbox"/> Call Center Management | <input type="checkbox"/> General Manager | <input type="checkbox"/> Preventative Maintenance | <input type="checkbox"/> Shipping/Receiving |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Product Demonstration | <input type="checkbox"/> Sizing Wires/Cables |
| <input type="checkbox"/> Change Orders | <input type="checkbox"/> IEEE | <input type="checkbox"/> Production | <input type="checkbox"/> Soldering |
| <input type="checkbox"/> Channel Development | <input type="checkbox"/> Inspector | <input type="checkbox"/> Production Specialist | <input type="checkbox"/> Staffing |
| <input type="checkbox"/> Client Interaction | <input type="checkbox"/> Install Conduit | <input type="checkbox"/> Project Management | <input type="checkbox"/> Strategic Alliances |
| <input type="checkbox"/> Client/Account Management | <input type="checkbox"/> Installation | <input type="checkbox"/> Project Scheduling | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Cold Calling | <input type="checkbox"/> Installation - New Construction | <input type="checkbox"/> Promotions Development | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Commission Development | <input type="checkbox"/> Instructor | <input type="checkbox"/> Proposal Development | <input type="checkbox"/> Take-offs |
| <input type="checkbox"/> Computer Literate | <input type="checkbox"/> International | <input type="checkbox"/> Proposal Presentation | <input type="checkbox"/> Team Building |
| <input type="checkbox"/> Conduit Benders | <input type="checkbox"/> Inventory Control | <input type="checkbox"/> Prospecting/Lead Generation | <input type="checkbox"/> Telemarketing - Inbound |
| <input type="checkbox"/> Connect Wires | <input type="checkbox"/> Journeyman | <input type="checkbox"/> Punch List | <input type="checkbox"/> Telemarketing - Outbound |
| <input type="checkbox"/> Consultative Selling | <input type="checkbox"/> Layout | <input type="checkbox"/> Purchase Orders | <input type="checkbox"/> Territory Management |
| <input type="checkbox"/> Contract Negotiations | <input type="checkbox"/> Lead Generation | <input type="checkbox"/> Purchasing | <input type="checkbox"/> Test Meter Operation |
| <input type="checkbox"/> Contract/Proposal Preparation | <input type="checkbox"/> Lead Management | <input type="checkbox"/> Quality Assurance/Control | <input type="checkbox"/> Tracing Short Circuits |
| <input type="checkbox"/> Conventions/Trade Shows | <input type="checkbox"/> Leadership | <input type="checkbox"/> Read Blueprints | <input type="checkbox"/> Trainer |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Machine Operator | <input type="checkbox"/> Read Schematics | <input type="checkbox"/> Troubleshooting |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Report Generation | <input type="checkbox"/> Using Ammeters |
| <input type="checkbox"/> Department Forecasting | <input type="checkbox"/> Maintenance - Apartment | <input type="checkbox"/> Research | <input type="checkbox"/> Using Ohmmeters |
| <input type="checkbox"/> Design/Build | <input type="checkbox"/> Manager | <input type="checkbox"/> Rewire Structures | <input type="checkbox"/> Using Oscilloscopes |
| <input type="checkbox"/> Designer | <input type="checkbox"/> Manufacturer Rep | <input type="checkbox"/> Rough-In | <input type="checkbox"/> Using Voltmeters |
| <input type="checkbox"/> Develop Relationships/Alliances | <input type="checkbox"/> Market Analysis | <input type="checkbox"/> Run Wiring in Conduits | <input type="checkbox"/> Vendor Coordination |
| <input type="checkbox"/> Dispatching | <input type="checkbox"/> Material Handler | <input type="checkbox"/> Run Wiring Underground | <input type="checkbox"/> Wiring-Connecting |
| <input type="checkbox"/> Drafting | <input type="checkbox"/> National Electrical Code | <input type="checkbox"/> Safety | <input type="checkbox"/> Wiring-Installation |
| <input type="checkbox"/> Draftsman | <input type="checkbox"/> NEC Standards | <input type="checkbox"/> Safety Coordinator | <input type="checkbox"/> Wiring-Testing |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Negotiate Contracts | | |

What Computer related experience do you have? (Select all that apply)

- | | | | | |
|-----------------------------------|---|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> ACT | <input type="checkbox"/> Estimation (sl [No Title]) | <input type="checkbox"/> MS Excel | <input type="checkbox"/> MS Word | <input type="checkbox"/> SalesLogix |
| <input type="checkbox"/> Approach | <input type="checkbox"/> Goldmine | <input type="checkbox"/> MS Office | <input type="checkbox"/> QuickPen | <input type="checkbox"/> WinSales |
| <input type="checkbox"/> AutoCad | <input type="checkbox"/> MS Access | <input type="checkbox"/> MS PowerPoint | | |

Certifications & Licenses

What Certifications & Licenses do you have? (Select all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Apprentice Electrician License | <input type="checkbox"/> Master Electrician License | <input type="checkbox"/> Registered Professional Engineer |
| <input type="checkbox"/> Journeyman Electrician License | | |

Include State and License Numbers for any licenses selected above, if applicable: _____

Other Licenses & Certifications held: _____

Additional Information

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. If you have a resume, please include it with this application.

Professional References

Please list 3-4 people you have worked with who can attest to your On-the-Job experience and performance.

Name _____ Position _____ Company _____ Telephone () _____ Email Address _____	Name _____ Position _____ Company _____ Telephone () _____ Email Address _____
Name _____ Position _____ Company _____ Telephone () _____ Email Address _____	Name _____ Position _____ Company _____ Telephone () _____ Email Address _____

Did you complete this application yourself? Yes No

If not, who did? _____