

# APPLICATION FOR EMPLOYMENT AT



Please fill out this application using Adobe Reader, or print and fill out in pen and submit your completed application via email or in person.

Morgan Electric LLC  
967 N Suncoast Blvd  
Crystal River, FL 34429  
Phone: 352-563-5853  
Fax: 352-563-0591  
files@morganelectricllc.com

An Equal Opportunity Employer. Reasonable accommodation will be provided as required by law.

Last Name	First Name	Middle Initial	Social Security Number
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Street Address	City/State	Zip Code	Phone Number	Email
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If hired, can you provide evidence of legal eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.
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Position Desired:	Wage/Salary Desired:	Full Time?	Part Time?
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Date you can begin work?	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.
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Name of high school attended:	City/State	Graduate?	GED?
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Name of college or technical school:	City/State	Degree?	Major:
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Are you presently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name & address of school and expected degree date:
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List any job-related skills or accomplishments, including military service:
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## - YOUR AVAILABILITY FOR WORK -

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Total hours per week you are available to work:	Do you have any special requests or needs for a work schedule?
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## - REFERENCES -

- Provide Three References Who Are Not Former Employers Who We May Contact -

Name and Occupation	How do you know them, and for how long?	Phone Number

## - YOUR EMPLOYMENT HISTORY -

List names of employers with present or last employer listed first.

May we contact current employers before you are offered a position?				<input type="checkbox"/> Yes
				<input type="checkbox"/> No

Name of Employer:		Job Title:		Dates of Employment: From: To:	
Address:		City, State, Zip Code		Duties:	
Supervisor:	Telephone:	Reason for Leaving:		Starting pay:	Ending pay:

Name of Employer:		Job Title:		Dates of Employment: From: To:	
Address:		City, State, Zip Code		Duties:	
Supervisor:	Telephone:	Reason for Leaving:		Starting pay:	Ending pay:

Name of Employer:		Job Title:		Dates of Employment: From: To:	
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