



Allied Electrical Group of Texas, Inc
10720 Miller Road Suite 104
Dallas, TX 75238
214.915.8773
www.aegtexas.com

Application for Employment

PERSONAL INFORMATION

Name (Last name, First Name):			
Social Security Number:			
Current Address:	City:	State:	Zip Code:
Primary Phone Number:			
Email Address:			

EMPLOYMENT DESIRED

Position:	Desired Start Date:	Desired Pay:
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, may we inquire about your current employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ever applied to this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?	When?

EDUCATION HISTORY

	Name of School:	Years Attended:	Did you graduate?
High School			



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College			
Trade, Business, or Correspondence School			



GENERAL INFORMATION

Current Electrical License(s) Held:	
Special Training:	
Special Skills:	

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT)

Date (Month and year):	Name & Address of Employer:	Position:	Reason for Leaving:
To:			
From:			
To:			
From:			
To:			
From:			
To:			
From:			

PERSONAL REFERENCES (LIST BELOW THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

Name/Relation:	Address:	Business:	Years Known:



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AUTHORIZATION

Allied Electrical Group is an EQUAL OPPORTUNITY EMPLOYER. To help us comply with government record-keeping requirements, we would appreciate your completing the following information. You are not required to provide this information. If you choose not to provide this information, your decision Will NOT affect your application. This data Will be confidential and will only be used in accordance with applicable state and federal laws and regulations.

Date of Birth:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>	Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>
Ethnic Code: Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian, Alaskan <input type="checkbox"/> Asian, Pacific Islander <input type="checkbox"/>			

 Applicant Signature

 Date

 Applicant Printed Name

 Employee Referral Name (if any)