



18 Sargent Street
 Gloucester, MA 01930
 PH: 978-879-4442

Electric Supply Center

200 Middlesex Turnpike
 Burlington, MA 01803
 PH: 781-272-7700

23 New Salem Street
 Wakefield, MA 01880
 PH: 781-246-3127

WORK HISTORY

List present or most recent jobs first. Include all employment. You may include in your work history any work performed on a volunteer basis. If more space is needed, please write on bottom of this page.

Dates		Company Name & Address	Job Title or Duties	Weekly Pay	Reason for leaving
To	From				
Supervisor:					
Supervisor:					
Supervisor:					
Supervisor:					



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AN EQUAL OPPORTUNITY EMPLOYER

To facilitate reference checks, are you known to schools/references (prior employers) by another name?

Yes ___ No ___ If yes, what name(s)? _____

U.S. Military Service:

Branch: _____ Rank: _____ Discharge Date: _____

Training or type of work done in Military Service: _____

In case of emergency notify:

Name _____ Address _____ Phone# _____

CONVICTION INFORMATION

An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services, which did not result in a criminal conviction.

Have you ever been convicted of a felony? Yes _____ No _____

If yes, give date and explain: _____

Have you been convicted of a misdemeanor within the past 5 years? (Do not include a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace.)

Yes _____ No _____

If yes, give date and explain: _____



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PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW

I certify that the information given above is true and complete and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or my discharge if discovered after employment begins. I authorize the company to make inquiries regarding my history and character of prior employers, schools, ect. and hereby release employers, schools or individuals from all liability in responding to inquiries in connection with my application and release the company from all liability with respect to such inquiries.

I understand that if employed, I will be an employee "at will" and may terminate my employment at any time with or without cause or notice and that the company also has that right. I also understand that no representative of the company, other than the president, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that such agreement must be in writing. If I am employed, I agree to abide by the company's policies, rules and procedures and any changes thereto.

Applicant's Signature: _____ Date: _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

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BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, Electric Supply Center (the "Company") will order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company.

The background report may contain information concerning your character, general reputation, personal characteristics, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving record checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker's compensation injuries. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources. The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 781-272-7700.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

Signature _____	Date: <u> </u> / <u> </u> / <u> </u> (Month/Day/Year)
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BACKGROUND CHECK INFORMATION:

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

First Name _____ Middle Name _____ Last Name _____

Date of Birth ____/____/____ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

City/State/ZIP _____