

EMPLOYMENT APPLICATION



Stanion Wholesale Electric Co., Inc. and Stanion Wholesale Electric Co., Inc. of Wichita (hereinafter referred to as "Stanion Wholesale Electric Co.") is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected under local, state, or federal laws.

Mail Applications to:
Stanion Wholesale Electric Co.
Attn: Director of Human Resources
Po Box F
812 S. Main
Pratt, KS 67124

(PLEASE PRINT IN INK)

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number		Alternate Number	
How Did You Hear About Us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____			

Are you legally eligible to work in the United States? YES NO
(Proof of eligibility will be required upon offer of employment)

Are you 18 years of age or older? YES NO
(If no, you may be required to provide authorization)

Can you, with or without reasonable accommodation, perform the essential functions of this job? (If you have any questions about the functions of the job, please ask the interviewer before answering this question.) YES NO

Have you ever applied to Stanion Wholesale Electric Co. before? (If yes, please give date.) _____ YES NO

Have you ever worked for Stanion Wholesale Electric Co. before? (If yes, please give date.) _____ YES NO

Have you ever been convicted of a felony? (A conviction will not necessarily disqualify you.) YES NO

If yes, please explain: _____

Do you have a valid driver's license? (For position involving business driving) YES NO

Have you been convicted of any moving violations in the past five years? YES NO

If yes, please explain: _____

Is anyone related to you employed by Stanion Wholesale Electric Co.? YES NO

If yes, please give their name and relationship to you. _____

What salary or rate of pay do you expect to receive if employed? _____ per _____

Have you ever been fired or asked to resign from a job? YES NO

If yes, please explain. _____

On what date would you be available to work? _____

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

EDUCATION BACKGROUND

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/ Degree
Elementary				
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)

Describe any specialized training, apprenticeships, licenses, or skills you possess.

Have you received any job-related training in the United States Military? YES NO
 Please give dates and description:

EMPLOYMENT HISTORY (Begin with current or most recent employer.) Do not exclude any employment. Include any applicable temporary employment and attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at Stanion Wholesale Electric Co.

Company Name	Employment Dates Starting	Salary Starting \$	Name & Title of Supervisor
Address	Ending	Ending \$	

Phone #

Describe your duties:

Reason for leaving and explanation

Company Name	Employment Dates Starting	Salary Starting \$	Name & Title of Supervisor
Address	Ending	Ending \$	

Phone#

Describe your duties:

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Company Name	Employment Dates Starting	Salary Starting \$	Name & Title of Supervisor
Address	Ending	Ending \$	

Phone#			
Describe your duties:			
Reason for leaving and explanation			
Company Name	Employment Dates	Salary	Name & Title of Supervisor
	Starting	Starting \$	
Address	Ending	Ending \$	
Phone #			
Describe your duties:			
Reason for leaving and explanation			

REFERENCES (Please list three persons, who are not related to you or are not previous supervisors, who can provide professional references.)

Name	Address	Phone Number	Relationship / Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in this application or in said documents will be cause for denial of employment or immediate termination of employment, regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Stanion Wholesale Electric Co., such employment with Stanion Wholesale Electric Co. is at will, for no specified duration, and may be terminated by either Stanion Wholesale Electric Co. or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, or statements of Stanion Wholesale Electric Co. or its representatives used during the employment process are deemed a contract of employment, real or implied. I understand that no representative of Stanion Wholesale Electric Co., except the President, has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements, and that any such agreements must be made in writing and signed by the President of Stanion Wholesale Electric Co.

In consideration for employment with Stanion Wholesale Electric Co., if employed, I agree to conform to the rules, regulations, policies, and procedures of Stanion Wholesale Electric Co. at all times and understand that such obedience is a condition of employment. I understand that, due to the nature of Stanion Wholesale Electric Co. business, attendance and punctuality are considered essential requirements of every job and that poor attendance or tardiness will result in disciplinary action.

I understand that, if offered a position with Stanion Wholesale Electric Co., I may be required to submit to a pre-employment medical examination, drug screening, or background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me, to provide such information to Stanion Wholesale Electric Co. and/or any of its representatives, agents, or vendors; and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and number of person completing this form if other than applicant:

STANION WHOLESALE ELECTRIC CO. IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS, PROTECTED BY LAW.

FOR COMPANY USE ONLY

(To be completed by Branch Manager/Department Manager after interview)

Disposition Code—please mark the best response

- 1. Hired _____
- 2. Declined position _____
- 3. Does not meet basic qualifications _____
- 4. Withdrew application _____
- 5. Internal successful _____
- 6. Not best qualified candidate _____
- 7. Not qualified _____

Date of Hire _____

(To be completed by Branch Manager/Department Manager after applicant is hired)

Date Employed	Employment Status	FT () PT () Temporary ()
Department	Job Title	Location
Starting Rate \$	Per	Payroll Class
EEO Code	Work State	Work Schedule
Replacement ()	Addition to Staff ()	
Employment Authorized by: _____		
Comments: _____		

