

33 Leffingwell Road  
 Uncasville, CT 06382  
 Office: (860) 892-8031

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 To	Start Final
Phone:	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:	Name of last supervisor	Employment dates	Pay or salary
Address with city/state/zip:		From To	Start Final
Phone:	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			

<b>Name of employer:</b>  <b>Address with city/state/zip:</b>  <b>Phone:</b>	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		<b>From</b> <b>To</b>	<b>Start</b> <b>Final</b>
	<b>Your last job title</b>		
<b>Specific reason for leaving</b>			
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			

<b>Name of employer:</b>  <b>Address with city/state/zip:</b>  <b>Phone:</b>	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		<b>From</b> <b>To</b>	<b>Start</b> <b>Final</b>
	<b>Your last job title</b>		
<b>Specific reason for leaving</b>			
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"/> Reporting                    | <input type="checkbox"/> Using Ohmmeters            |
| <input type="checkbox"/> Design/Build                    | <input type="checkbox"/> Manager                         | <input type="checkbox"/> Research                     | <input type="checkbox"/> Using Oscilloscopes        |
| <input type="checkbox"/> Designer                        | <input type="checkbox"/> Manufacturer Rep                | <input type="checkbox"/> Rewire Structures            | <input type="checkbox"/> Using Voltmeters           |
| <input type="checkbox"/> Develop Relationships/Alliances | <input type="checkbox"/> Market Analysis                 | <input type="checkbox"/> Rough-In                     | <input type="checkbox"/> Vendor Coordination        |
| <input type="checkbox"/> Dispatching                     | <input type="checkbox"/> Material Handler                | <input type="checkbox"/> Run Wiring in Conduits       | <input type="checkbox"/> Wiring-Connecting          |
| <input type="checkbox"/> Drafting                        | <input type="checkbox"/> National Electrical Code        | <input type="checkbox"/> Run Wiring Underground       | <input type="checkbox"/> Wiring-Installation        |
| <input type="checkbox"/> Draftsman                       | <input type="checkbox"/> NEC Standards                   | <input type="checkbox"/> Safety                       | <input type="checkbox"/> Wiring-Testing             |
| <input type="checkbox"/> Driving                         | <input type="checkbox"/> Negotiate Contracts             | <input type="checkbox"/> Safety Coordinator           |   |

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

- |                                   |  |  |                                   |                                     |
|-----------------------------------|--|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> ACT      | <input type="checkbox"/> Estimation (software) | <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.

<p><b>Name</b> _____</p> <p>Position _____</p> <p>Company _____</p> <p>Telephone (_____) _____</p> <p>Email Address _____</p>	<p><b>Name</b> _____</p> <p>Position _____</p> <p>Company _____</p> <p>Telephone (_____) _____</p> <p>Email Address _____</p>
<p><b>Name</b> _____</p> <p>Position _____</p> <p>Company _____</p> <p>Telephone (_____) _____</p> <p>Email Address _____</p>	<p><b>Name</b> _____</p> <p>Position _____</p> <p>Company _____</p> <p>Telephone (_____) _____</p> <p>Email Address _____</p>

Did you complete this application yourself?     Yes     No

If not, who did? \_\_\_\_\_

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**AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

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I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with D.B Lunt Electrical Contractors creates an actual or implied contract of employment. I understand that, if I accept employment with D.B Lunt Electrical Contractors, it will be on an at-will basis. This means that either D.B Lunt Electrical Contractors or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by D.B Lunt Electrical Contractors. I release D.B Lunt Electrical Contractors, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize D.B Lunt Electrical Contractors to investigate information concerning my education, licensing, certifications, driving record, criminal history, employment experiences and all other aspects of my background relevant to my proposed employment. I release D.B Lunt Electrical Contractors and its employees from all liability arising from such investigation.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Print Name:** \_\_\_\_\_

D.B Lunt Electrical Contractors is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with D.B Lunt Electrical Contractors depends solely on your qualifications.