



# DC SOLAR SOLUTIONS, INC

Employment Application

APPLICANT INFORMATION				
Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available	Desired Status (circle at least one)		FT	PT
		Temp	Desired Salary	
Position Applied for				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/>
		NO <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
EMERGENCY CONTACT				
Name		Phone	Relationship	
Name		Phone	Relationship	
EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
REFERENCES				
<i>Please list three professional references.</i>				
Full Name			Relationship	
Company			Phone ( )	
Address				
Full Name			Relationship	
Company			Phone ( )	
Address				
Full Name			Relationship	
Company			Phone ( )	
Address				



Employment Application  
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<b>PREVIOUS EMPLOYMENT</b>	
Company	Phone ( )
Address	Supervisor
Job Title	
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ( )
Address	Supervisor
Job Title	
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ( )
Address	Supervisor
Job Title	
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain (optional)	
<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information provided in my application or interview may result in my release.	
Signature	Date