



Circuit Breaker Sales NE (CBSNENE)
79 Main Street
Seymour, CT 06483

Human Resources Department
elizabeth@electricalsourceholdings.com

CIRCUIT BREAKER SALES NORTHEAST (CBSNENE) IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, gender, religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary.

1. Name: Last First Middle

2. Current Address: Street City State Zip

3. Previous Address: Street City State Zip

4. Telephone Number: ( ) - 5. Email Address:

6. Social Security Number: - - 7. Date of Birth:

8. If employed and under 18 years old, can you furnish a work permit? Yes No N/A

9. Do you have a legal right to work in the United States? Yes No If employed, you will be required to provide proof

10. Have you applied to CBSNE for employment in the past? Yes No
If yes, when? Position applied for:

11. Do you have any relatives currently employed by CBSNE? Yes No
If yes, who? What relation to you?

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale; or if doing so could create conflicts of interest.

12. Have you ever used another name that we would need in order to verify your employment experience and education?
Yes No If yes, indicate such name and the date the name changed:

13. Are you currently employed? Yes No If yes, may we contact your current employer at anytime? Yes No
You may contact my current employer, but only when:

# POSITION

1. **Position for which you are applying:** \_\_\_\_\_  

First Choice
Second Choice
2. **Salary/wage desired:** \_\_\_\_\_
3. **Work availability:**

Full-Time  
 Evenings  
 Other: \_\_\_\_\_

Part-Time  
 Weekends

Temporary  
 Overtime

On-Call  
 Split Shift
4. **When would you be available to start working?** \_\_\_\_\_
5. **How did you hear about the job opportunity for which you are applying?**

A Current Employee  
 Friend/Relative

Staffing Agency  
 Employer's Website

Online posting (please specify)  
 Member

Other: \_\_\_\_\_
6. **If the position for which you are applying requires the use of a vehicle, do you have a valid driver's license?**  Yes  No  
 License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
7. **Have you been given a job description, or have the requirements of the job been explained to you?**  Yes  No  
 Do you understand these requirements?  Yes  No
8. **Can you perform any or all of the job functions, either with or without reasonable accommodation?**  Yes  No  I don't know  
 (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Dependent upon job requirements, hire may be subject to passing a medical examination, and to skill and agility tests.)
9. **Can you meet the attendance standard of our company, which requires all employees to report for work on time for all scheduled days or shifts?**  Yes  No

# SPECIAL SKILLS AND TRAINING

1. **Describe specialized training, apprenticeships, skills or research:**  
 \_\_\_\_\_
2. **List current professional certifications and/or licenses, if any, and where registered:**  
 \_\_\_\_\_
3. **Office/business equipment and software qualified or trained to use:**  
 \_\_\_\_\_
4. **Check special skills or training:**

<input type="checkbox"/> Electrical Distribution <input type="checkbox"/> Customer Service <input type="checkbox"/> Accounting Management <input type="checkbox"/> HR Administration <input type="checkbox"/> IT Administration <input type="checkbox"/> Web/ HTML/Social Media <input type="checkbox"/> Facilities Maintenance <input type="checkbox"/> Warehouse / Logistics	<input type="checkbox"/> Sales & Marketing <input type="checkbox"/> Digital Marketing (i.e. SEM, SEO, Advertising, Email, Social, Mobile) <input type="checkbox"/> Office Management <input type="checkbox"/> Phone Systems / Reception <input type="checkbox"/> A/R, A/P, GL
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- Please Check Software and List Programs**

<input type="checkbox"/> Google Suite	_____	<input type="checkbox"/> basic <input type="checkbox"/> advanced
<input type="checkbox"/> MS Office Suite	_____	<input type="checkbox"/> basic <input type="checkbox"/> advanced
<input type="checkbox"/> CRM	_____	<input type="checkbox"/> basic <input type="checkbox"/> advanced
<input type="checkbox"/> Finance / Acctg.	_____	<input type="checkbox"/> basic <input type="checkbox"/> advanced
<input type="checkbox"/> ERP Systems	_____	<input type="checkbox"/> basic <input type="checkbox"/> advanced
<input type="checkbox"/> Other	_____	<input type="checkbox"/> basic <input type="checkbox"/> advanced
5. **Please list below any language skills, other than English:**

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## EMPLOYMENT EXPERIENCE

**Directions:** Begin with your present or last job. Be specific and thorough. **Account for all periods of time**, including military experience and periods of unemployment. *Copy this page and create an additional sheet if necessary to account for all work experience since graduation, or the last 10 years from the date of this application.* At the appropriate time, we will make every effort to contact previous supervisors and employers, so the correct telephone numbers are essential.

THE FOLLOWING MUST BE COMPLETED IN DETAIL— [RESUMES ARE ACCEPTED IN LIEU OF THIS INFORMATION.](#)

1	Employer		<b>Dates Employed</b>		<b>Key Responsibilities</b>
			From	To	
	Address				
			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	HR Telephone Number	Supervisor's Name, Title			
Job Title (s)			<b>Supervisor's Phone #</b>		
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged <b>Why?</b>					

2	Employer		<b>Dates Employed</b>		<b>Key Responsibilities</b>
			From	To	
	Address				
			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	HR Telephone Number	Supervisor's Name, Title			
Job Title			<b>Supervisor's Phone #</b>		
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged <b>Why?</b>					

3	Employer		<b>Dates Employed</b>		<b>Key Responsibilities</b>
			From	To	
	Address				
			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	HR Telephone Number	Supervisor's Name, Title			
Job Title			<b>Supervisor's Phone #</b>		
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged <b>Why?</b>					

4	Employer	Dates Employed from _____ to _____	Address	Job Title
5	Employer	Dates Employed from _____ to _____	Address	Job Title

## EDUCATION and TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE		DEGREE TYPE & MAJOR	If no degree, years completed
High School				<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Community College		Graduated? (Y/N)		<input type="checkbox"/> 1 <input type="checkbox"/> 2
College/University		Graduated? (Y/N)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Graduate School		Graduated? (Y/N)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Business/Trade School		Graduated? (Y/N)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

## EMPLOYMENT REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name	Business Relationship/Years known	Organization/Address	Telephone

## CERTIFICATION

**DIRECTIONS: PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BEFORE SIGNING THIS APPLICATION FORM.**

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statements will be sufficient reason for dismissal from the services of CBSNE, regardless of the time that has elapsed before discovery.

                      
initials

I hereby authorize CBSNE or its designated agents to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release CBSNE, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

                      
initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted, or that filing this application in no way assures me a position with CBSNE, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation is "AT WILL" and can be terminated, with or without cause, and with or without notice, at any time, and at the option of either CBSNE or myself. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period. No promises or representations contrary to the foregoing are binding on ABI unless made in writing and signed by me and CBSNE authorized designated representative.

                      
initials

If employed by CBSNE, I agree to abide by the rules, policies and procedures of CBSNE and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination may include drug and alcohol screening. I understand that CBSNE believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of CBSNE during the time of my employment.

                      
initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. **CBSNE will consider qualified applicants, including those with criminal histories, in a manner consistent with State and Local "Fair Chance" laws.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date