

Ratliff Electric Co.

P.O. Box 696 Wink, Texas 79789 (432) 527-3334

Applicant Information								
Full Name:	Last	First		Da	nte:			
Address:	Street Address			Apartment/Unit #				
	City			State	ZIP Code			
Phone:			Email					
Date Available: Social Security No.:			Desired Salary: <u>\$</u>					
Position Applied for:								
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.?					YES NO In the U.S.?			
Have you ever worked for this company? YES NO If yes, when?								
Have you e	ver been convicted of a felo	ny? YES NO						
If yes, expla	in:							
Education								
High School	: <u> </u>	Address:						
From:	To:	Did you graduate?	YES NO	Diploma:				
College:		Address:						
	To:		YES NO	Degree:				
Other:								
From:	To:			Degree:				
		Did you graduate?	ences					
Full Names				Dolationobin				
Full Name: Company:								
Address:								
Full Name:				Relationship				
Company:								
Address:								

	Previous E	mpioyme	ent				
Company:				Phone:			
Address:				Supervisor:			
Job Title:	Starting S	Starting Salary:\$					
Responsibi	lities:						
From:	To:	Reason fo	or Leaving:_				
May we cor	ntact your previous supervisor for a reference?	YES	NO				
Company:				Phone:			
Address:				Supervisor:			
Job Title: Responsibi	Starting S			Ending Salary: \$			
From:	To:	Reason fo	or Leaving:_				
May we cor	ntact your previous supervisor for a reference?	YES	NO				
Company: Address: Job Title: Responsibi	Starting S	alary: <u>\$</u>		Phone: Supervisor: Ending Salary:\$			
From:	To:		or Leaving:_				
May we cor	ntact your previous supervisor for a reference?	YES	NO				
	Military	Service					
Branch: _			_ From:_	To:			
Rank at Dis	scharge:	Type of	Discharge:_				
If other than	n honorable, explain:						
Disclaimer and Signature							
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 in my application or interview may result in my release.							
Signature:				Date:			

MVR AUTHORIZATION FORM

Ratliff Electric Co. Po box 696 Wink, Texas 79789

Name & Address of Job Applicant/Employee:

Name:							
Address:							
Date of Birth:							
Driver's License Number:							
Driver's License State:*If issued less than 3 years ago need prior state							
and license information:							
CDL Yes_or No Years CDL Experience:							
International License Number: Medical Card							
Today's Date:							
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Note to applicant: Consumer Reports may be obtained as part of Employer's evaluation of my job application/employment. The reports may be produced by West Texas Insurance Exchange, Inc. and may include my driving record, an assessment of my insurability under the Employer's insurance coverages or other consumer reports. By signing this disclosure, I hereby authorize the Employer to procure such reports and additional reports about me from time to time, as it deems appropriate to evaluate insurability or for other permissible purposes.							
Signature of Applicant/Employee							
Print Name							