



EMPLOYMENT APPLICATION

PERSONAL INFORMATION				
Last Name:		First Name:		
Address:				
Email:		Daytime Phone:		
Are you authorized to work in the USA?		YES or NO		
TYPE OF WORK				
What Role are you interested in?				Location: Springfield or Pittsfield
What are your Wage Expectations? \$			Per hour or week or month or year	
Are you available for shift work as needed? (circle one)			YES or NO	
EDUCATION OR ACCREDIATION <i>Attach Resume or Complete this section</i>				
What is the highest level of education you have completed? <i>If Any, please list</i>				
Do you have any accreditations or licenses relevant to the work at CEP? <i>If Yes, please list</i>				
Have you been a member of the US Armed Forces? <i>If Yes, which Branch and dates</i>				
EMPLOYMENT EXPERIENCE: <i>Attach Resume or Complete this section back 10 years</i>				
Most Recent Employer	Company Name:			
Dates	From:		To:	
Describe Your Role				
Termination (check one)	Lay-off	Dismissal	Quit	Business Closed
Previous Employer	Company Name:			
Dates of Employment	From:		To:	
Describe Your Role				
Termination (check one)	Lay-off	Dismissal	Quit	Business Closed
Previous Employer	Company Name:			
Dates of Employment	From:		To:	
Describe Your Role				
Termination (check one)	Lay-off	Dismissal	Quit	Business Closed
Other Information you want the Employer to know in order to make an informed decision?				

Over →



FITNESS TO WORK & MEDICAL INFORMATION FORM

We work in a hazardous area and any condition which could become a hazard must be disclosed and measures must be taken to reduce or eliminate risks associated with the hazard. The purpose of the following questions is to determine if you will be fit to work in the position you are applying for without endangering yourself or your fellow worker. By signing below you accept that this information is not meant to discriminate.

PHYSICAL FITNESS	YES	NO
Do you have a history of back problems? <i>If Yes, please describe:</i>		
Are you under medical care for any muscle or skeletal injuries? <i>If Yes, please describe:</i>		
Are there any other conditions you are aware of which might prevent you from performing the work you are applying for and may be assigned? <i>If Yes, please describe:</i>		
Are you under the care of a medical professional for a condition which requires you to take medication which might impair you in the performance of the work you are applying for or may be assigned? <i>If Yes, please describe:</i>		
Are there any precautions the employer should be aware of? <i>If Yes, please describe:</i>		
Do you have any medical or other conditions that may affect your work performance or result in any job-related safety issues the employer should be aware of? (fear of heights, fear of closed spaces, anxiety disorders, allergies, etc...) <i>If Yes, please describe:</i>		
Do you wear a medic alert? <i>If Yes, please describe:</i>		

DISCLOSURE NOTICE: The information provided will be protected by the normal provisions of the governing privacy legislation as it is private in nature.

CERTIFICATION STATEMENT: I certify that all of the information I have provided in order to apply for and secure work with Community Eco Power is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect is reason to eliminate me from further consideration for employment or may result in my immediate termination from employment for cause whenever it is discovered.

Applicant Signature

Forward completed application to: jobs@cecopower.com