



2345 York Road, Suite 102, Timonium, MD 21093  
Phone: 1.410.560.5620 Fax: 1.410.560.2718 E-mail: jointheteam@air2.com

# APPLICATION FOR EMPLOYMENT -- LINEMAN

In compliance with Federal and State Equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your residence address(es) for the past 3 years.

Current Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code  
Home Phone \_\_\_\_\_ Other phone number(s) \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code  
\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code

Are you a --? (Check one.) US citizen \_\_\_\_\_ US resident alien \_\_\_\_\_ Non-resident alien with legal right to work in the US \_\_\_\_\_ If this choice is checked, explain \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required for Commercial Drivers)\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? \_\_\_\_\_. If yes, explain if you wish.

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Name \_\_\_\_\_  
Last First Middle

Social Security No. \_\_\_\_\_

**EMPLOYMENT HISTORY**

All applicants must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, and state and zip code. (NOTE: List employers in reverse order starting with the most recent. Photocopy this page to add another sheet, if necessary.)

| EMPLOYER       |       |           | DATE               |       |
|----------------|-------|-----------|--------------------|-------|
| NAME           |       |           | FROM               | TO    |
|                |       |           | MO YR              | MO YR |
| ADDRESS        |       |           | POSITION HELD      |       |
| CITY           | STATE | ZIP       | SALARY/WAGE        |       |
| CONTACT PERSON |       | PHONE NO. | REASON FOR LEAVING |       |

| EMPLOYER       |       |           | DATE               |       |
|----------------|-------|-----------|--------------------|-------|
| NAME           |       |           | FROM               | TO    |
|                |       |           | MO YR              | MO YR |
| ADDRESS        |       |           | POSITION HELD      |       |
| CITY           | STATE | ZIP       | SALARY/WAGE        |       |
| CONTACT PERSON |       | PHONE NO. | REASON FOR LEAVING |       |

| EMPLOYER       |       |           | DATE               |       |
|----------------|-------|-----------|--------------------|-------|
| NAME           |       |           | FROM               | TO    |
|                |       |           | MO YR              | MO YR |
| ADDRESS        |       |           | POSITION HELD      |       |
| CITY           | STATE | ZIP       | SALARY/WAGE        |       |
| CONTACT PERSON |       | PHONE NO. | REASON FOR LEAVING |       |

| EMPLOYER       |       |           | DATE               |       |
|----------------|-------|-----------|--------------------|-------|
| NAME           |       |           | FROM               | TO    |
|                |       |           | MO YR              | MO YR |
| ADDRESS        |       |           | POSITION HELD      |       |
| CITY           | STATE | ZIP       | SALARY/WAGE        |       |
| CONTACT PERSON |       | PHONE NO. | REASON FOR LEAVING |       |

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**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 6 7 8 HIGH SCHOOL: 9 10 11 12 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
(NAME) (CITY)

**VEHICLE ACCIDENT RECORD FOR PAST 3 YEARS OR MORE**  
 (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

| DATES         | NATURE OF ACCIDENT<br>(HEAD-ON REAR-END, ETC) | FATALITIES | INJURIES |
|---------------|---|------------|----------|
| LAST ACCIDENT |   |            |          |
| NEXT PREVIOUS |   |            |          |
| NEXT PREVIOUS |   |            |          |

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS**  
 (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE)

| DATE | LOCATION | CHARGE | PENALTY |
|------|----------|--------|---------|
|      |          |        |         |
|      |          |        |         |
|      |          |        |         |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**DRIVERS LICENSES**

| STATE | TYPE | LICENSE NO. | RESTRICTIONS | EXP. DATE |
|-------|------|-------------|--------------|-----------|
|       |      |             |              |           |
|       |      |             |              |           |

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_ NO \_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_ NO \_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, PROVIDE DETAILS BELOW:

|  |
|--|
|  |
|  |
|  |

Name \_\_\_\_\_  
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**JOB-SPECIFIC EXPERIENCE AND QUALIFICATIONS – LINEWORKERS**

| TYPE OF LINEWORK<br>(FILL IN THE BLOCKS THAT ARE APPLICABLE TO YOU.) | NUMBER OF YEARS OF EXPERIENCE (AS AN APPRENTICE or HELPER) | NUMBER OF YEARS OF EXPERIENCE (AS A JOURNEY-MAN) | COMPLETED FIRST TRAINING OR CERTIFICATION (TYPE, YEAR and COMPANY) | COMPLETED MOST RECENT TRAINING OR CERTIFICATION (TYPE, YEAR and COMPANY) | MAXIMUM kV WORKED |
|--|--|--|--|--|-------------------|
| LINE CONSTRUCTION (Transmission or Distribution)                     |  |  |  |  |                   |
| DISTRIBUTION MAINTENANCE   |  |  |  |  |                   |
| TRANSMISSION MAINTENANCE   |  |  |  |  |                   |
| HOT STICK  |  |  |  |  |                   |
| BAREHAND   |  |  |  |  |                   |
| WORKING FROM HELICOPTER  |  |  |  |  |                   |
| OTHER (Specify)  |  |  |  |  |                   |

• On a scale of 1 to 10, what level of proficiency would you rate yourself on climbing wood poles? \_\_\_\_\_  
 Comments? \_\_\_\_\_

\_\_\_\_\_

• Have you acted as a trainer/instructor in safety or technical skills? \_\_\_\_ If yes, provide details.

\_\_\_\_\_  
 \_\_\_\_\_

• Have you acted as a field foreman or supervisor? \_\_\_\_ If yes, provide details.

\_\_\_\_\_  
 \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Social Security No. \_\_\_\_\_

- Were you ever directly involved in any on-the-job accidents that resulted in serious injuries to you or others? If so, please list, with brief details.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- List major types of equipment that you are qualified and experienced in operating.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Any special skills or training, either professionally or as hobbyist? Examples – computer literacy, photography, piloting (helicopters or airplanes) drafting, engineering, technical writing. List and provide details below.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Are you fluent in any languages other than English? List below, indicating conversational, written or both.

\_\_\_\_\_

- Any other experience, training or special qualifications that you wish to report.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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AIR2 does not hire with respect as to when an interview is conducted or an application is completed but on the combined merit of the candidate including references, qualifications, experiences, and the interviewers recommendation. An application which contains false statements, extraneous, unsolicited information, or which reflects any information not requested on the application form shall result in disqualification of the applicant and/or termination of an employee. Also, applications which are incomplete or do not contain all of the information requested will be disqualified.

Applications are to be accepted only when in the need of employees or in anticipation of foreseeable hiring needs. Applications will only remain active for a period of thirty (30) days.

AIR2 does not use third-party employment offices, whether private or public.

The above stated hiring policy is to be enforced on a nondiscriminatory basis.

This certifies that I personally completed this application, and that all entries and information that I have provided are true and complete to the best of my knowledge. I authorize AIR2 to make such investigations of my personal, employment, financial or medical history and other related matters, as may be necessary in order to make an employment decision.

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
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I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of my employment by AIR2, I understand that false or misleading information given in my application or interviews may result in termination of my employment. I also understand that, if hired, I am required to abide by the policies and practices established by AIR2.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE MAIL COMPLETED APPLICATION TO 2345 York Road, Suite 102, Timonium, MD 21093

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