



APPLICATION FOR ELECTRICIAN'S LICENSE
ELECTRICAL COMMISSION
CARBONDALE, ILLINOIS

Ordinance No. 89-40, "An ordinance relating to the registration of electricians in and for the City of Carbondale, Illinois." Passed, signed, recorded, June 27, 1989, by the City Council of the City of Carbondale, Illinois.

APPLICANT'S FULL NAME _____
First Middle Last

DATE _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____
No. & Street City State Zip

TELEPHONE NO. (HOME) _____ TELEPHONE NO. (WORK) _____

The Electrical Commission may conduct a background check of all of its applicants for licensing. Persons considered may be asked to supply information in addition to that requested in this application before the applicant is approved to take the examination.

Over the Age of 18? Yes ___ No ___

If you have lived at your present address for less than 10 years, please provide us with your residences for the past 10 years.

Table with 3 columns: ADDRESS, CITY, STATE. Multiple empty rows for data entry.

Were you ever refused a fidelity bond? Yes ___ No ___
Have you ever refused a fidelity bond? Yes ___ No ___
If yes, give details _____

Have you ever been refused employment by State or Federal employer for security reasons? Yes ___ No ___
If so, state circumstances: _____

Have you ever been discharged or asked not to complete an electrical project? Yes ___ No ___
If yes, give details _____

Have you ever had a license with this City? Yes ___ No ___ If so - Date _____

Have you previously applied for an electrical license with this City? Yes ___ No ___

Do you have, or have you ever had, any relatives licensed by this City? Yes ___ No ___

Name Relationship Name Relationship

What type of electrical equipment have you operated? Specify: _____

Do you possess any special licenses of a skill, trade, or craft? Yes ___ No ___

Specify: _____

Have you participated in any electrical apprenticeship programs? Yes ___ No ___

Specify: _____

Do you possess a valid driver's license? Yes ___ No ___

Are you a Journeyman Electrician? Yes ___ No ___

If yes, when and where were you certified? _____

Provide the electric utility companies whose service area you have worked in, including the utility representatives names, addresses, and telephone numbers, who are familiar with your electrical installations.

ELECTRIC UTILITY	REPRESENTATIVES NAMES	ADDRESS	TELEPHONE

Provide the City/Municipality where you have worked, including the names, addresses, and telephone numbers of the City, County, or State Electrical Inspectors who are familiar with your electrical installation.

CITY/MUNICIPALITY	INSPECTORS NAMES	ADDRESS	TELEPHONE

Have you ever had an electrical license revoked? Yes ___ No ___

If yes, please explain: _____

What are the two primary reasons why you are applying for an electrician's license from the City of Carbondale?

Please Explain: _____

EDUCATION					
TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	CIRCLE LAST YEAR ATTENDED			
Elementary		5	6	7	8
High School		9	10	11	12
College/University		1	2	3	4
College/University		1	2	3	4
Graduate School		1	2	3	4
Business School		1	2	3	4
Correspondence		1	2	3	4

MAJOR COURSE	DEGREE	LAST YEAR ATTENDED

UNITED STATES MILITARY EXPERIENCE

Branch _____ Date Entered _____

Date Discharged _____ Rank at Time of Discharge _____

Principal Duties and Schools Attended _____

BEGINNING WITH YOUR LAST EMPLOYER, LIST YOUR ELECTRICAL EXPERIENCE:

From	To	Exact Name of Employer, Firm or Cooperation, and Business Address or Principal Office	Street Address & Town Where You Worked, if Different Than Employer's Address	Nature of Position or Occupation	Telephone

CERTIFICATION

I certify that the information furnished in this application for electrical licensing is correct and complete to the best of my knowledge and belief. I hereby authorize investigation of all statements contained in this application and I understand that any false statements or omissions of material fact, including the information given at the time of the pre-examination, may be sufficient cause for rejection of my application.

APPLICANT'S SIGNATURE _____

Sworn to and subscribed before me this _____ day of _____, 20 ____.

Witness my hand and official seal.

Notary Public _____

Notary's Address _____