



Enel Green Power North America, Inc. is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

APPLICATION FOR EMPLOYMENT

Last Name Middle		First		Date	
Street Address				Home Phone ()	
City, State, Zip				Mobile Phone ()	
Have you ever applied for employment with us in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____				E-mail: Social Security No. Drivers License No. State Issuing Drivers License	
Position Desired				Pay Expected	
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in the United States?				When you will be available to begin work? _____	
Other special training or skills (languages (please list language and level of knowledge), machine operation, etc.)					
How did you learn of our organization?					

EDUCATION

School	Name and Location of School	Course Of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
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Graduate School				_____ Yes _____ No	
College				_____ Yes _____ No	
High School				_____ Yes _____ No	
Other				_____ Yes _____ No	

MILITARY
[Complete this Section if You Served in the U.S. Armed Forces]

Describe your duties and any special training:	Period of Active Duty (Month & Year) From _____ To _____
	Rank at Discharge
	Date of Final Discharge

EMPLOYMENT HISTORY

[Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.]

Company Name (#1)	Telephone ()
Address	Employed (Give Month and Year) From _____ To _____
Name of Supervisor	Weekly Pay Start \$ Last \$
State Job Title and Describe Your Work	Reason for Leaving
	Number of Direct Reports:
Company Name (#2)	Telephone ()
Address	Employed (Give Month and Year)

	From _____ To _____
Name of Supervisor	Weekly Pay Start \$ _____ Last \$ _____
State Job Title and Describe Your Work	Reason for Leaving
	Number of Direct Reports:
Company Name (#3)	Telephone ()
Address	Employed (Give Month and Year) From _____ To _____
Name of Supervisor	Weekly Pay Start \$ _____ Last \$ _____
State Job Title and Describe Your Work	Reason for Leaving
	Number of Direct Reports:
<p>We may contact the employers listed above unless you indicate those you do not want us to contact.</p> <p>DO NOT CONTACT: Employer Name(s)/ Number(s): _____</p> <p>Reason:</p>	
<p>Have you ever been convicted of a crime? Yes/No. If "Yes" please provide description and date of conviction.</p>	
RELEASE AUTHORIZATION	

1. In connection with my application for employment, I understand that an investigative consumer report may be requested that will provide information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that as directed by your company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit and references.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a fax or photocopy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.
4. Minnesota and California residents only: Do you want a copy of the reports ordered? Y / N The report(s) will be sent by the reporting agency to you at the address included in this application.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by you or your agent to furnish the information described in item (1) above. Personal information disclosed on this application will be treated confidentially and used only for the purposes of considering my employment and in seeking the information from third parties authorized herein. I hereby release you and your agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of requests for or release of any of the above-mentioned information or reports.

INTEREST IN INTERNATIONAL ASSIGNMENTS

Mobility Availability	Yes	No
Italy		
Abroad		
Any Countries excluded		

SIGNATURE

The information in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Date

Applicant's Signature