DATE: _____

Excell Electric

An Equal Opportunity Employer

THIS APPLICATION MUST BE COMPLETED IN FULL TO BE CONSIDERED.

Personal Information

Last Name	**First Name**		**MI**
Address	**City**	**State**	**Zip**
S.S. No.	**Driver's License No. & Expiration Date:**		
Telephone No.	**Email Address:**		
Position Applied for: Apprentice Electrician / Journeyman Electrician or Other: _____			
If Technician: TDLR Electrical License No.	**Expiration Date:**		

Please circle the YES or NO on the following questions.

Are you a US Citizen? YES or NO
If No, are you authorized to work in the US? YES or NO
(Must be able to provide a US Person Resident Card or US Authorization to Work)

Age if under 18: _____ Wage Expected $_____ per HR Date Available To Start:_____

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE	DETAILS
HIGH SCHOOL					
COLLEGE					
VOCATIONAL					
TRADE SCHOOL					
APPRENTICE COURSES					

EMPLOYMENT HISTORY

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. You should include military service assignments.

Most Recent Employer

Are you currently working for this employer? YES / NO If Yes, may we contact this employer? YES / NO

Company Name: _____ City: _____ State: _____

Telephone #:_____ Job Title: _____ Supervisors Name: _____

Dates Employed (MO/YR): From _____ to _____ Salary/Wages _____ per _____

Duties: _____

_____

Reason(s) for Leaving: _____

Second Most Recent Employer

Company Name: _____ City: _____ State: _____

Telephone #:_____ Job Title: _____ Supervisors Name: _____

Dates Employed (MO/YR): From _____ to _____ Salary/Wages _____ per _____

Duties: _____

_____

Reason(s) for Leaving: _____

Third Most Recent Employer

Company Name: _____ City: _____ State: _____

Telephone #: _____ Job Title: _____ Supervisors Name: _____

Dates Employed (MO/YR): From _____ to _____ Salary/Wages _____ per _____

Duties: _____

Reason(s) for Leaving: _____

References

Please list two persons familiar with your work history and/or abilities. Do NOT list relatives.

NAME	COMPANY/TITLE	PHONE #	YEARS KNOWN

FIELD TECHNICIANS - JOB RELATED SKILLS AND REQUIREMENTS

1. Do you own **electrician tools** for the position that you are applying for? YES or NO
2. Must have or be able to obtain a TDLR Apprentice or Journeyman License: YES or NO
3. Must be able to work in heights of **6 feet or more** (aerial lifts)? YES or NO
4. Do you **own transportation** or have means to get to job sites? YES or NO
5. Will you be able to work overtime or weekends ? YES or NO
6. Can you perform the field technician requirements of this job with or without reasonable accommodations? YES / NO
7. Have you had safety training and do you understand the importance of a safe work place? YES / NO
   If so, name of course completed: _____

Have you ever applied for employment with Excell Electric? YES or NO

Who referred you to Excell or how did you hear about us: _____

Have you been convicted of a **felony** or **misdemeanor** within the last **seven (7) years**? YES or NO

If yes, please explain: _____

Are you willing to take a **drug test** if required as part of your application? YES / NO

If a favorable hiring decision is made, will you submit to a medical examination and/or answer a medical questionnaire (after a hiring decision is made)? YES / NO

Have you been given a job description or had the requirements of the job explained to you? YES / NO

Do you understand the requirements? YES / NO

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe would be important for consideration by Excell Electrical Contractors, of this application.

NOTICE TO ALL APPLICANTS

Excell Electrical Contractors does not require a pre-employment medical examination, but does reserve the right to require drug testing and a medical examination after an offer of employment is made to the applicant. All offers of employment are conditioned upon the passing of a drug test for the purpose of detecting the illegal use of drugs. Also, if an employment offer is made, you will be asked to answer certain medical questions. Medical examinations and answers to medical inquiries will be maintained on separate forms, and will be treated as confidential medical records. An applicant will not be excluded from employment unless they have medical conditions that prohibit their ability to perform the essential job functions of the position he or she desires with this company. Excell Electrical Contractors will make reasonable accommodations to aid handicapped applicants or employees fulfill essential job functions. Written job descriptions are available and will be furnished to applicants upon request.

REPRESENTATIONS AND WAIVERS

Read the following conditions. If you have any questions regarding the conditions, you should ask for an explanation or clarification from the employment interviewer. Signify your understanding and specific acceptance of each condition by your signature in the space provided at the end of the conditions.

I hereby authorize Excell Electrical Contractors to investigate any and all statements contained in this application. I hereby consent Excell Electrical Contractors to conduct any checks concerning my background that are deemed necessary, advisable, or helpful by Excell Electrical Contractors (except contacting my current employer, unless permission is granted above.) I understand that if hired, I will receive a copy of Excell Electrical Contractors rules, regulations, and policies; and I acknowledge that I will be required to abide by them. I understand that if hired, I will be required to submit to a **drug test** as part of this application procedure. I hereby consent to that drug test, agree to cooperate fully with that drug test, and waive any and all objections I might otherwise have to such drug testing. I understand that I may be required to submit to a medical examination, if I am advised of a favorable employment decision. I hereby consent to such medical examination, and will fully cooperate with any required examination. I understand and agree that if this application results in employment, my employment can be terminated with or without cause and with or without notice, at any time, at the option of EITHER Excell Electrical Contractors or myself. I understand that no manager or representative of Excell Electrical Contractors has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I certify and guarantee that all statements made on this application are true and complete to the best of my knowledge and without mental reservations. I understand that falsification of this application may result in my not being considered for employment or, in the event I become employed by Excell Electrical Contractors in my dismissal.

_____ _____

Signature of applicant Date

SCREENING AUTHORIZATION (Background Check)

The information provided in my application for employment with this company is complete and true to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification or refusal of employment, or, if employed, termination from this company.

In processing my application for employment, the company may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the company, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.

Any offer of employment I may receive from this company is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any post offer pre-employment medical examination that the company may require.

I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

I understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no person in the company has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing.

Signed this _____ day of _____, 20___ at Excell Electrical Contractors, Inc.

By: _____ _____

Applicant Company Representative

This authorization must be completed and signed by every applicant prior to any reference checking or application processing can commence. This form should be completed after the Job Application is completed. This form will become an attachment to the application for employment and will ultimately be filed in the employee file or the file for unsuccessful applicants.

Confidential Property of Excell Electrical Contractor

VOLUNTARY DISCLOSURE AND STATEMENT

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which required government contractors to take affirmative action to employ and advance in employment of handicapped or disabled applicants.

Although you are not required to disclose information about physical or mental limitations that you believe will not interface with your capability to do the job, if you want this company to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided below and suggest the kind of accommodation that you believe would be appropriate.

If you are a disabled veteran, or have a physical handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

_____ Handicapped/Disabled Individual _____ Disabled Veteran

_____ Vietnam Era Veteran

Accommodations Requested: _____

Signed: _____ Date: _____

Do not write below this line

For EXCELL USE ONLY

Candidate's Name:_____

Interviewed by:_____

Knowledge Test Score: _____

Passed Drug Test: Yes / No Passed Background Check: Yes / No

Hired? YES / NO Start Date: _____

Position: _____

_____

Salary/Wage: _____

_____

NOTES: _____

_____

_____

_____

IF HIRED, HR TO COMPLETE THE FOLLOWING:

___ Send Email to staff of new Hire's Name, Title and Start Date
___ Create Personnel Folder
___ Add New Employee into Quick Books

Benefits:

___ Life & ADD/STD – enroll immediately
___ Benefit Date Reminders for 60 & 90 day out.

___ Update: Text-Em-All / Office Phone Directory

Processed by: _____