

Tracy Electric, Inc. Employment Application



**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

**APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE PAGES 1-8. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Home Phone (____) _____ Cell Phone: (____) _____

If under 18, please list age _____ Email: _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific) No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

Are you legally eligible to work in the United States? YES NO

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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APPLICATION FOR EMPLOYMENT

Do you have any limitations that may keep you from being able to full-fill a job? Yes No

If yes; please describe:

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Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Tracy Electric, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Tracy Electric, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Tracy Electric, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Emergency Contact Information Form

Your Name: _____
Last First MI

Phone: (____) _____

Address: _____
Street City State

Emergency Contact Name: _____
Last First

Work Phone: (____) _____ Home Phone: (____) _____

If unavailable (2nd) Contact Name: _____
Last First

Work Phone: (____) _____ Home Phone: (____) _____

Preferred local hospital: _____



Electronic Funds Transfer (EFT) Form

Employee Information:

Name: _____ SS#: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Bank Information:

****PLEASE ATTACH A VOIDED CHECK****

Bank Name: _____

Name on Account: _____

Account #: _____ Routing #: _____

Checking

Savings

Authorization Agreement: I hereby authorize Tracy Electric, Inc. to deposit my paycheck directly into the above mentioned account. This authority will remain in effect until I have given written notice that I am terminating this contract, or until Tracy Electric, Inc. has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instruction to be executed. If an incorrect deposit should be made into my bank account, I authorize my bank and Tracy Electric, Inc. to make the appropriate adjustment(s).

Employee Signature: _____ Date: _____

DRUG & ALCOHOL TESTING

To ensure the health and welfare of our employees and to provide a safe working environment, Tracy Electric, Inc. will perform drug and alcohol testing to help us keep our commitment of a drug free environment for our employees, customers and the public.

As a condition of employment, all new-hires must pass a drug & alcohol screening. Potential applicants who do not pass will not be offered employment with Tracy Electric, Inc. Existing employees will be subject to testing for any of the following reasons:

- Immediately following a traffic accident or damage to customer's property while on company business;
- Random testing by computer generated lottery;
- For cause.

Failure to pass a screening will result in disciplinary action up to and including termination.

I AGREE TO ABIDE BY TRACY ELECTRIC INC'S DRUG POLICY & SCREENING PROCESS:

NAME

DATE

**PRIVACY FORM
TO BE SIGNED
BY THE APPLICANT/EMPLOYEE**

Attn: Madrigal & Welch

I am aware that consumer reports may be obtained, as part of evaluation of my job application and/or employment TRACY ELECTRIC, INC. or their insurance company representative(s) may procure the reports, and may include my driving record, an assessment of my insurability for the insurance program, or other consumer reports. By signing this disclosure, I hereby provide my authorization to procure such reports and additional reports about me from time-to-time as deemed appropriate to evaluate my insurability or for other permissible purposes.

Sincerely,

SIGNATURE OF APPLICANT/EMPLOYEE

PRINTED NAME (FIRST, MI, LAST)

DRIVERS LICENSE NUMBER

STATE OF LICENSE

DATE OF BIRTH

PLEASE FAX TO (316) 265-5735