

Other licenses or certificates:

APPLICATION FOR EMPLOYMENT

8025 S. Broadway St. Haysville, KS 67060 (316) 522-8408

Position Applying For: _ Date Of Application: (Entire application must be completely filled out including employment history. Incomplete or ineligible applications will be disqualified) PERSONAL INFORMATION Social Security No: ____ Applicant Name: _ First Name Middle Name Last Name Present Address: _ Zip Code Number Street Citv State Primary Phone #: (Prior Address: Number Street City State Zip Code Message Phone #: (**GENERAL INFORMATION** Have you ever applied to Tracy Electric, Inc. before? ☐ Yes ☐ No If Yes, when: How did you hear about our company? ☐ Newspaper ☐ Company Website ☐ Internet ☐ School ☐ Staffing Agency ☐ Employee: _ Are you at least 18 years of age or older? ☐ Yes ☐ No Are you eligible to work in the United States? ☐ Yes ☐ No When are you available to start? Have you been convicted of any misdemeanors and/or felonies other than minor traffic violations during the past seven (7) years? \square Yes \square No (Conviction is not an automatic bar to employment. Each case will be reviewed on an individual basis, considering factors such as the recentness, seriousness, and nature of the offense as it relates to the job or jobs for which you have applied.) If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) were committed, sentence(s) imposed, and type(s) of rehabilitation: Current salary or hourly rate? _____ What salary/ hourly rate do you anticipate making if hired? ____ How many hours can you work weekly? _____ Willing to work overtime? ☐ Yes ☐ No Willing to work weekends? ☐ Yes ☐ No If No, provide reason: _ Do you have a Driver's License? ☐ Yes ☐ No DL #: ___ Exp. Date: _____ Derator Commercial CDL ____ State of Issue ___ Willingness to Travel? ☐ Yes ☐ No If willing to travel, check desired amount: ☐ 0%-25% ☐ 25%-50% ☐ 50%-100% What is your means of transportation to work? ____ _____ # of moving violations _____ **EDUCATION / TRAINING** TYPE OF SCHOOL NAME OF SCHOOL LOCATION (CITY, STATE) # YEARS COMPLETED GRADUATE? MAJOR OR DEGREE High School ☐ Yes ☐ No College ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No Business or Trade School **Professional School** ☐ Yes ☐ No Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? What skills or additional training do you have that relates to the job for which you are applying? What machinery equipment can you operate that relates to the job for which you are applying? PROFESSIONAL LICENSES AND CERTIFICATIONS Are you currently licensed journeyman? Yes No (Please provide a copy of your journeyman's license with the employment application) If yes, please provide your license number and the state in which you are licensed: State: ____ License Number: ___

HISTORY OF EMPLOYMENT (Please list your work experience for the past five (5) years beginning with your most recent job held.) May we contact your present employer? Yes No					
Name of Employer:	Name of Supervisor	Hire Date	Termination Date		
Address:	<u>Name or Supervisor</u>	Tille Date	Termination Date		
Phone Number:					
Starting Job Title:	Ending Job Title:				
Reason for leaving (be specific):					
List the jobs you held, duties performed, skills used or learned,	advancements or promotions while you	u worked at this compa	ny.		
	May we	contact your present e	mployer? ☐ Yes ☐ No		
Name of Employer: Address:	Name of Supervisor	<u>Hire Date</u>	Termination Date		
Phone Number:					
Starting Job Title:	Ending 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. May we contact your present employer? Yes No					
N (5)		-			
Name of Employer: Address:	Name of Supervisor	<u>Hire Date</u>	Termination Date		
Phone Number:					
Starting Job Title:	Ending 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. May we contact your present employer? Yes No					
Name of Employer:	Name of Supervisor	Hire Date	Termination Date		
Address:					
Phone Number:	Ending Joh Title.				
Starting Job Title: Reason for leaving (be specific):	Ending Job Title:				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
PROFESSIONAL REFERENCES: List three professional refe	-				
	Occupation:		s. Known:		
	Occupation:		s. Known:		
3. Name: Telephone #: ()	Occupation:	Yr	s. Known:		

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 pre-employment 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:

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.

Office Use Only:

Date: _____

Offer Extended: ☐ Yes ☐ No Hourly Wage/ Salary Rate: \$____

RELEASE and AUTHORIZATION

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my workers' compensation claims, motor vehicle operation history, credit history and criminal history from various state, private and insurance sources along with other public records available. Workers' Compensation information will only be requested in compliance with the ADA. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY **TRACY ELECTRIC**, CLEARS Inc., OR OTHER AGENT OF **TRACY ELECTRIC** TO FURNISH THE ABOVE INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota Department of Labor. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my respective employer from a consumer reporting agency. If so, I will be so advised and be given the name of the agency or source of information. My signature acknowledges that I have been given a copy of this release.

Date	Signature				
The following must be filled print.	out completely for your a	pplication to be considered. Please			
Last Name	First Name	Middle initial			
Home Address					
City	State	Zip			
Social Security Number		Date of Birth			
Driver's License Number	St	State Driver's License Was Issued			

NOTICE: This information may be verified by CLEARS Inc.. CLEARS Inc. is a Consumer Reporting Agency within the meaning of the Fair Credit Reporting Act. If an "adverse action is taken regarding you, such as denial of employment, retention, or promotion, based on any reports from CLEARS Inc., you are entitled to a FREE copy of the report, and have other rights. Any information or questions should be directed to the following address: CLEARS Inc., P.O. Box 781526, Wichita, KS 67278-1526; (316) 683-6861, or, if you reside outside the 316 area code, Toll-Free (877) 683-6281.

[Revised 05-03]

Driver Insurability Request Form

The following information is required for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Driver Name:		_	
DOB:	Driver's License #:		
Address (Current):			
City:	_ State: Zip:		
CHECK THE APPROPRIATE BOX FOR EACH QUESTION: Have you ever been denied a driver's license or had one suspended or revoked? Have you had any violations in the past 3 years?			
• =	es", please explain (give dates of violations and/or		
Driver- I affirm that the statements r	made above are stated truthfully and without reservation. Signo	ed this	
Driver's signature			