

#### Greetings

Thank you for taking your time to complete the following application for employment.

Wolfe and Travis Electric Company, Inc. is an equal opportunity employer. Wolfe and Travis Electric seeks and employs qualified persons in all job classifications and positions without discrimination on the basis of a qualified applicant's race, color, religion, sex, age (over 40), disability, pregnancy, creed, national origin, citizenship, veteran status, genetic information, or any other characteristic protected by state, federal, or local law.

This application and hiring process includes the following sections:

- 1. Application for Employment
- 2. Equal Employment Opportunity Form
- 3. Medical Test and Examination Authorization Form
- 4. Application Drug Testing Release Form
- 5. Direct Deposit Authorization Form
- 6. Federal W-4 Employee's Withholding Certificate
- 7. USCIS Employment Eligibility Verification Form I-9
  - a. This includes providing required forms of personal identification
- 8. Verbal Interview Form
- 9. Description of Job Positions
- 10. Insurance Forms

Our Company Group Insurance Plan is offered to ALL employees. As a Team Member you will be eligible for Single Coverage Insurance upon completing 90 days of employment after the date of hire. The application documents will be provided to you to complete and return to Wolfe and Travis for processing at your eligible date. The documents are included in this application package for your review.

(You may complete the insurance application forms at the time of employment application if you wish but, it will be pending as outlined above before processing.)



Date of Application		/	/
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<u>Personal Information</u>	<u>1</u>								
Name:									
(First)			(Middl	e)			(Last)		
Mailing Address:									
	(Street N	umber) (Street	t Name)					(Apartment Number)	
	(City)					(State)		(Zip Code)	
Social Security Numb	er:		/_						
Date of Birth:	-	/	/						
Home Phone: (	/			Mobil (This num	e Phone	e:() used for Business (	/ Communication	ns (Calls / Text Messaging))	
EMERGENCY CONTAC						Phone Nun	nber:(	)/_	
Are you over the age o	f 18?	Yes		No No					
Race: Caucasian	_Black	_Hispanic	Asian	Oth	er:				
Are you legally eligible	for emplo	yment in the	U.S.?		_ Yes	No			
Have you ever been co If yes, please explain:	nvicted of	a felony or m	nisdemea	anor?	Yes	s No			

(NOTE: Driving our vehicles will require a background check for insurance purposes)



## **EDUCATION**

High School:				Location:				
High School: Diploma?	_Yes	No		GED?	Yes	No		
College / University / A	apprenticeshi	p?	Yes	No				
If yes?								
Name of School?					Main	Course of Stu	idy?	
Name of School? Did you Graduate?	Yes	No	What I	Degree did y	ou earn?			
Name of School?					Main	Course of Stu	idy?	
Name of School? Did you Graduate?	Yes	No	What I	Degree did y	ou earn?			
Name of School?					Main	Course of Stu	ıdy?	
Name of School? Did you Graduate?	Yes	No	What I	Degree did y	ou earn?			
Any Equipment Train	ing /Certific	cations?						
OSHA 10? Yes	No	OSH	A 30?	Yes	No	Date of Ce	rtification?	
Any Computer or Cons	truction Soft	ware expe	erience?					



#### **EMPLOYMENT HISTORY**

(Most Recent / Current Job) Salary / Wage:\$ Company: Address: Benefits? Job Title: **Duties:** Dates Employed: / / Supervisor: Reason for Leaving: (Previous Employment) Salary / Wage:\$ Company: Address: Benefits? Job Title: **Duties:** Dates Employed: \_\_\_/\_\_\_ - \_\_\_/\_\_\_\_ Supervisor: Reason for Leaving: \_\_\_\_\_ Salary / Wage: \$\_\_\_\_\_\_ Company: Address: Benefits? Job Title: **Duties:** Dates Employed: \_\_\_/\_\_\_ - \_\_\_/\_\_\_\_ Supervisor: Reason for Leaving:



## **REFERENCES**

Please provide (2	) two people, not related to you, who you ha	ave known for at least 1 year:
Name: Address:		
Business:	()	
Name: Address:		
Business: Phone Number:	()	
Additional Inform	ation:	



## **EMPLOYMENT DESIRED**

Position Desired:			Commercial		_ Journeyman W	/ireman
Starting Wage Desire						
Are you currently em	ployed?	Yes	No			
Have you applied for	employmer	nt her before?	Yes	_ No		
Have you been emplo	oyed here b	efore?	Yes No	If yes, whe	n?//_	
Reason for Leaving?						
Do you know or are y If yes, who?		="		mpany?	Yes	_ No
Did anyone refer you	for employ	ment?	Yes No			
If yes, who?						



#### PLEASE READ BEFORE SIGNING

I certify that all the Information provided by me on my employment application is true, correct, complete, and without material omission. I understand that omissions or misrepresentation of any information provided or requested will be grounds for withdrawal of my application from further consideration for employment, or termination of my employment if the omission or misrepresentation is discovered after hire. I agree that Wolfe & Travis Electric shall not be held liable in any respect if a job offer in not extended is withdrawn or my employment is terminated because of false statements, omissions or answersmade by me on this application.

I hereby authorize any person, agency, current employer or its agents, former employer or its agents, school, trade school, college, or university to release any and all information for our records pertaining to or otherwise relating to my employment, application for employment, education, or training in the possession, custody, or control of such person, agency, current or former employer, school, trade school, college, or university. Further, I voluntarily and knowingly release any person, agency, current or former employer, school, trade school, college, or university from any and all claims, damages, or liabilities whatsoever for releasing any or all such information in their possession, custody or control to Wolfe & Travis Electric or its agent or agents.

If I am employed with Wolfe & Travis Electric, I will comply with all rules and regulations as set forth inany communication distributed to employees.

I understand that Wolfe & Travis Electric has a drug and alcohol policy, and that part of the application process may include submitting to a drug test to determine the use of illegal drugs. I understand that positive findings will result In Immediate disqualification and the removal of my name for consideration for the position for which I am applying. I hereby agree to submit to such tests and release the results to Wolfe & Travis Electric.

Should I decide to accept employment with Wolfe & Travis Electric, I authorize the Company or any agent of the Company to search any locker assigned to me, my clothing, personal possessions, and mypersonal vehicle while on Company or client's property, when deemed necessary by Wolfe & Travis Electric for security or safety reasons.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approves documentation that verifies my right to work in the United States upon employment.

I further understand and agree that if I am hired; my employment is for no definite period and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any timewithout previous notice by the company or me.

I hereby acknowledge that I have read and understar	nd the above statements
Employee Signature:	Date:
Print Name:	



#### EQUAL EMPLOYMENT OPPORTUNITY

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at Wolfe & Travis will be based on merit, qualifications, and abilities. Wolfe & Travis does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national, origin, age (over 40), disability, citizenship, veteran status, pregnancy, creed, genetic information, or any other characteristic protected by federal, state, orlocal law.

Wolfe & Travis will make reasonable accommodations for qualifies individuals with known disabilities unless doing so would result in undue hardship. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

We are committed to making sure employees are not discriminated against because of a protected class. However, we need your help. We need you to tell us immediately if you believe you are being discriminated against or believe discrimination is occurring within Wolfe& Travis. Do not wait to complain. We need to address these situations at the earliest time.

The first time you believe improper conduct in violation of the policy has occurred, you shouldmake your concerns known to Jason Wolfe or Tracy Potts. Supervisors are required to report discrimination to Jason Wolfe as a condition of their employment. Any supervisor who becomesaware of possible discrimination should complete a Discrimination/Harassment Complaint formand provide that to Jason Wolfe.

We trust that all managers, supervisors, and employees will continue to act responsibly toestablish a pleasant working environment free of discrimination and harassment.

I certify by my signature that I have read and understand this document, and if I should like, Imay have a copy for my records.

Employee Signature:	Date:
Print Name:	



#### MEDICAL TEST & EXAMINATION AUTHORIZATION

I understand that employment by Wolfe & Travis Electric may be conditioned upon my passing physical tests and examinations, including specimen, reflex, and range analysis, and f employed, upon passing such tests and examinations from time to time as requested by the company in accordance with state and federal laws.

By submitting this application, or submitting to such test, I hereby authorize any doctor, hospital, clinic, or laboratory conducting said test and examinations to release the results and any other information necessary to Wolfe & Travis Electric to determine my ability to perform be job I am being considered for or, if employed, performing.

I understand that if I am required to submit to physical testing and examinations, if I misrepresent any information during the test or exam, including my medical history, I mayforfeit my Workers Compensation benefits as allowed by state law.

Employee Signature:	Date:
Print Name:	



### APPLICATION DRUG TESTING RELEASE

I hereby consent to submit to urinalysis and/or other tests a	s shall be determined by Wolfe &Travis in the selection
process of applicants for employment, for the purpose of dete	ermining thedrug content thereof.
I agree that	
(Name of Physician or	Clinic)
may collect these specimens for these tests and may test them by the company for analysis.	or forward them to a testinglaboratory designated
I further agree to and hereby authorize the release of the resu	lts of said test to Wolfe & TravisElectric Company, Inc.
I understand that it is the current illegal use of drugs and/or a at Wolfe & Travis.	buse of alcohol that prohibits mefrom being employed
I further agree to hold harmless Wolfe & Travis and its agents any liability arising in whole or part out of the collection of sp testing in connection with Wolfe & Travis Electric Company In	ecimens, testing, and use of the information from said
I further agree that a reproduced copy of this pre-employment and effect as the original.	consent and release form shallhave the same force
I have carefully read the foregoing and fully understand its co and release form is a voluntary act on my part and that I have anyone.	
Applicant Print Name:	
Applicant Signature:	Date: