

**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 1-9.** DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email: \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ Days/hours available to work  
 and salary desired (2) \_\_\_\_\_ No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 (Be specific) Tue \_\_\_\_\_ Fri \_\_\_\_\_  
 Wed \_\_\_\_\_ Sat \_\_\_\_\_  
 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 (City, State)	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? \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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**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:** \_\_\_\_\_

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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

Emergency Contact Name: \_\_\_\_\_  
Last First

Relationship to Employee \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

If unavailable (2nd) Contact Name: \_\_\_\_\_  
Last First

Relationship to Employee \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Preferred local hospital: \_\_\_\_\_

Any known Allergies: \_\_\_\_\_



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## 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:**

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NAME

DATE



## 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 out completely for your application to be considered. Please print.**

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Last Name	First Name	Middle initial
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Home Address \_\_\_\_\_

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City	State	Zip
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Social Security Number	Date of Birth
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Driver's License Number	State Driver's License Was Issued
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**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]