



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ (OFFICE USE)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Social: \_\_\_\_\_  
Email Address: \_\_\_\_\_

What day could you start work: \_\_\_\_\_ Desired Wage/Salary: \_\_\_\_\_

Are you a U.S. Citizen or are you otherwise authorized to work in the U.S.? Yes [ ] No [ ]

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes [ ] No [ ]

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certificates or licenses held:  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

1. Employer \_\_\_\_\_ Job Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Starting Hourly Pay/ Salary: \_\_\_\_\_ Ending Hourly Pay/ Salary: \_\_\_\_\_

2. Employer \_\_\_\_\_ Job Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Starting Hourly Pay/ Salary: \_\_\_\_\_ Ending Hourly Pay/ Salary: \_\_\_\_\_

3. Employer \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Hourly Pay/ Salary: \_\_\_\_\_ Ending Hourly Pay/ Salary: \_\_\_\_\_

### ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that answers given herein are true and complete, to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should enquire as to whether or not applications are being accepted at this time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

**ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER ORIGIN, AGE MARITAL OR VETERANS STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.**

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

### MOTOR VEHICLE REPORT

I, \_\_\_\_\_, give my employer or its designated agent permission to obtain a copy of my Motor Vehicle Record report. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing from me.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### HISTORY

*Have you ever been convicted for a Felony or Misdemeanor? (Exclude convictions for marijuana related offenses for personnel use more than two years old; convictions that have been sealed, expunged or legally eradicated and misdemeanor convictions for which probation was completed and the case was dismissed.)* Yes [ ] No [ ]

*If yes, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. The company will not deny employment to any applicant solely because the person has been convicted of a crime. The company however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Name (Print): \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING**

I hereby agree, upon a request made under the drug/alcohol testing policy of Vari Electric, to submit to a drug or alcohol test and to furnish a sample of my urine, breath and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy or if I otherwise fail to cooperate with the testing procedures, I will be subject to termination. I further authorize and give full permission to have the Company and/or its company physician to send the specimen or specimens collected to a laboratory for screening test for the presence of any prohibited substances under the policy and for the laboratory or other testing facility to release any and all documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duty-authorized Company officers, employees and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test.

This policy and authorization have been explained to me in a language I understand.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND OR/ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT AND I AGREE TO SUBMIT TO ANY SUCH TREST.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (Printed)