



MOODY'S ELECTRIC, INC.

Safety-Quality-Productivity

Moody's Electric Inc. Employment Application

Please complete the following 8 pages

Name: _____

Position: _____

Address: _____

Moody's Electric, Inc.

40150 State Hwy 59
 Bay Minette, AL 36507
 251-937-0678

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applications and/or employees are considered for hire, promotion, and job status, without regard to race, color religion, creed, sex, marital status, national origin, age, physical or mental disability.

Name _____ Date of Application _____
FIRST MIDDLE LAST
 Address _____ City _____ State _____ Zip _____
 Telephone _____ E-Mail Address: _____

1. GENERAL INFORMATION

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodations? Yes No

Have you been convicted of any felonies other than minor traffic violations in the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform on the position for which you are applying). Yes No

If yes, Explain: _____

2. EDUCATION & TRAINING

Circle last grade completed – Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Masters _____ Doctorate _____

Name and Address of School	Major Course Studied	Graduated or degree (Y or N)	Average Grade
Last High School Attended/Address:			
College or University/ Address			
College or University/Address Other School (Technical, Vocational, Graduate, etc.)/Address			

List any scholarships, academic honors, awards or special achievements: _____

3. Skills Please list any skills you have that are appropriate for the position you are applying for:

If required, will you work?

Rotating Shifts Yes No

Saturdays Yes No

Overtime Yes No

Sundays Yes No

Position applying for, be specific: _____

Salary Required _____ per hour

\$ _____ per month

State fully why you believe you are qualified for this position _____

INRETESTS / ACCOMPLISHMENTS: You may list significant experience, interest, & accomplishments gained while working as a volunteer or as a hobbyist that may be useful in the position(s) you are seeking. Names or organizations designating religion, race, etc. need not be mentioned.

Date you can start

/ /

EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past FOUR employers. If currently employed, may we contact your employer ___ Yes ___ No

PRESENT OR MOST EMPLOYER

FULL NAME OF COMPANY (AREA CODE) TELEPHONE			SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS CITY STATE ZIP				
NAME AND TITLE OF SUPERVISOR TITLE OF YOUR POSITION			Reason for Leaving:	
LIST JOB HELD, DUTIES PERFORMED, SKILLS USED, AND PROMOTIONS WHILE EMPLOYED AT THIS COMPANY: _____ _____				
_____ _____				
FULL NAME OF COMPANY (AREA CODE) TELEPHONE			SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS CITY STATE ZIP				
NAME AND TITLE OF SUPERVISOR TITLE OF YOUR POSITION			Reason for Leaving:	
LIST JOB HELD, DUTIES PERFORMED, SKILLS USED, AND PROMOTIONS WHILE EMPLOYED AT THIS COMPANY: _____ _____				
_____ _____				
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STREET ADDRESS CITY STATE ZIP				
NAME AND TITLE OF SUPERVISOR TITLE OF YOUR POSITION			Reason for Leaving:	
LIST JOB HELD, DUTIES PERFORMED, SKILLS USED, AND PROMOTIONS WHILE EMPLOYED AT THIS COMPANY: _____ _____				
_____ _____				

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharged. I authorize the references listed above to give you and all information concerning my previous employment and any pertinent information they may have, personal otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature _____

Date _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE : MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

Which of these jobs did you like best? _____

What did you like most about this job? _____

REFERENCES: (LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST A YEAR

NAME	ADDRESS	BUSINESS	TELEPHONE	YEARS KNOWN
1.				
2.				
3.				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND AND MASSACHUSETTS. (Fill in name and state.)

IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NUMBER

*I certify that all of the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, if I am employed. My employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's opinion. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, and at any time by the company. I understand that no company representative, other than its president, and only when in writing and signed by the president. Has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

SIGNATURE _____ Date _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS: _____

NEATNESS _____ ABILITY _____

HIRED ___ Yes ___ No POSITION _____ DEPARTMENT _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____ 3. _____

EMPLOYMENT MANAGER

DEPARTMENT HEAD

GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Laws.



MOODY'S ELECTRIC, INC.

Safety-Quality-Productivity

P.O. Box 1715 / 40150 State Highway 59
Bay Minette, AL. 36507
Fax: 251-937-0678

MEDICATIONS

Please provide a list of current medications.

Any narcotic or controlled medications must have a current prescription. You must provide medications or prescription when doing drug screening. If you cannot provide prescription prior to drug screen, the drug screen or physical will not be performed. Medications with warning labels that may cause drowsiness must have a current prescription. We will need written documentation from your physician stating that is safe for you to drive and work around any hazards, high voltage equipment, heights, and operation of equipment.

PREVIOUS INJURIES

Please make is aware of any previous injury that may hinder you from performing any job duties related to work that you may be performing in the Electrical/Industrial field (such as pulling wire, lifting wire, climbing, bending, working overhead, or operating equipment). If you have any previous injury or limitations that will prevent you from performing duties related to Electrical and Industrial duties, you must have a letter from a Specialized Physician that have evaluated and treated you, releasing you to full duty.

I do not take any medications _____

Current list of medications _____

No previous injury _____

Previous injury _____

Employee Signature _____ Witness _____

Witness _____

Date _____

Date _____

As of April 1st 2010 all new hires are required to complete this questionnaire about your physical ability to perform labor tasks associated with the electrical construction trade. The information is important as to job placement and your performance. All information will be treated as private and confidential.

Please check all items appropriately:

1. Do you have problems with climbing, ladders, stairways, etc.? YES NO

If yes, describe: _____

2. Do you have problems lifting 50lbs or less? YES NO

If yes describe: _____

3. Do you have any fears of heights? YES NO

If yes describe: _____

4. Do you have any problems bending conduit (hand benders)? YES NO

If yes describe: _____

5. Do you have any problems with pulling wire and cable? YES NO

If yes describe: _____

Do you have a known problem with?

1. Neck. YES NO

If yes, describe: _____

2. Shoulders. YES NO

If yes, describe: _____

3. Back. YES NO

If yes, describe: _____

4. Arms, wrist, or hands. YES NO

If yes, describe: _____

5. Hips, legs, knees, or feet. YES NO

If yes, describe: _____

6. Diabetes: YES NO

7. Epilepsy: YES NO

8. Are you under a doctor's care for any reason? YES NO

If yes, describe _____

I have completed this questionnaire honestly and completely. Any questions intentionally answered incorrectly will be reviewed and may be cause for termination due to falsifying information.

Print name: _____

Sign name: _____

Applicant Authorization to Release DOT Drug/Alcohol Test Results

Section 1: TO BE COMPLETED BY APPLICANT

Applicant/ Employee: _____
Current Employer: Moody's Electric, Inc.
Address: 40150 State Hwy 59 City: Bay Minette State: AL Zip 36507
Phone: 251-937-0678 Fax: 251-937-0714 E-Mail _____

I understand that as a condition of hire with the above name 'Company', that I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, (or three (3) years as required by Part 391.23 for ay driver of a commercial motor vehicle).

Mark if only applicable

I have NOT worked in a DOT safety-sensitive position for a DOT regulated company in the past 2 years (3 years for CMV drivers, 5 years for pilots). Proceed to sign and date form below.

I have tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire me in the past two years (3years for CMV drivers, 5 years for pilots). Please specify the company for which this occurred below.

I hereby authorize the following previous employer / company to furnish the DOT information requested in section 2 below.

Previous Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Contact: _____ Dates of Employment: _____ to _____

(Complete additional form for each DOT employer)

Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the questions below, to the company listed above. I hereby acknowledge that failure to provide accurate information in response to this request for release of information could negatively affect my employment offer or subject me to disciplinary action up to and include termination if later discovered after my employment with the company begins.

Signature of Applicant

Emp ID

Date

Release of Previous Employer's DOT Drug/Alcohol Testing Results

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

In accordance with DOT regulations, the Company, named above, is required to obtain-and as a Previous Employer, you are require to release-DOT drug and alcohol information, listed below, concerning the Applicant/Employee by you going back 2 years(3years for SMV drivers), from the date of request. Please Complete the following:

YES NO

- ____ 1. Any DOT alcohol test results of 0.04 or greater?
____ 2. Any DOT positive drug testing results?
____ 3. Refusal to submit to a DOT required drug/alcohol test?
____ 4. Other violations of DOT Drug and alcohol testing regulations?
____ 5. Did a previous employer report a drug/alcohol rule violation to you?
____ 6. If 'yes' for any of the above items, did the employee complete the return-to-duty process?
____ 7. Was the Applicant/Employee employed by you but NOT subject to DOT regulations?

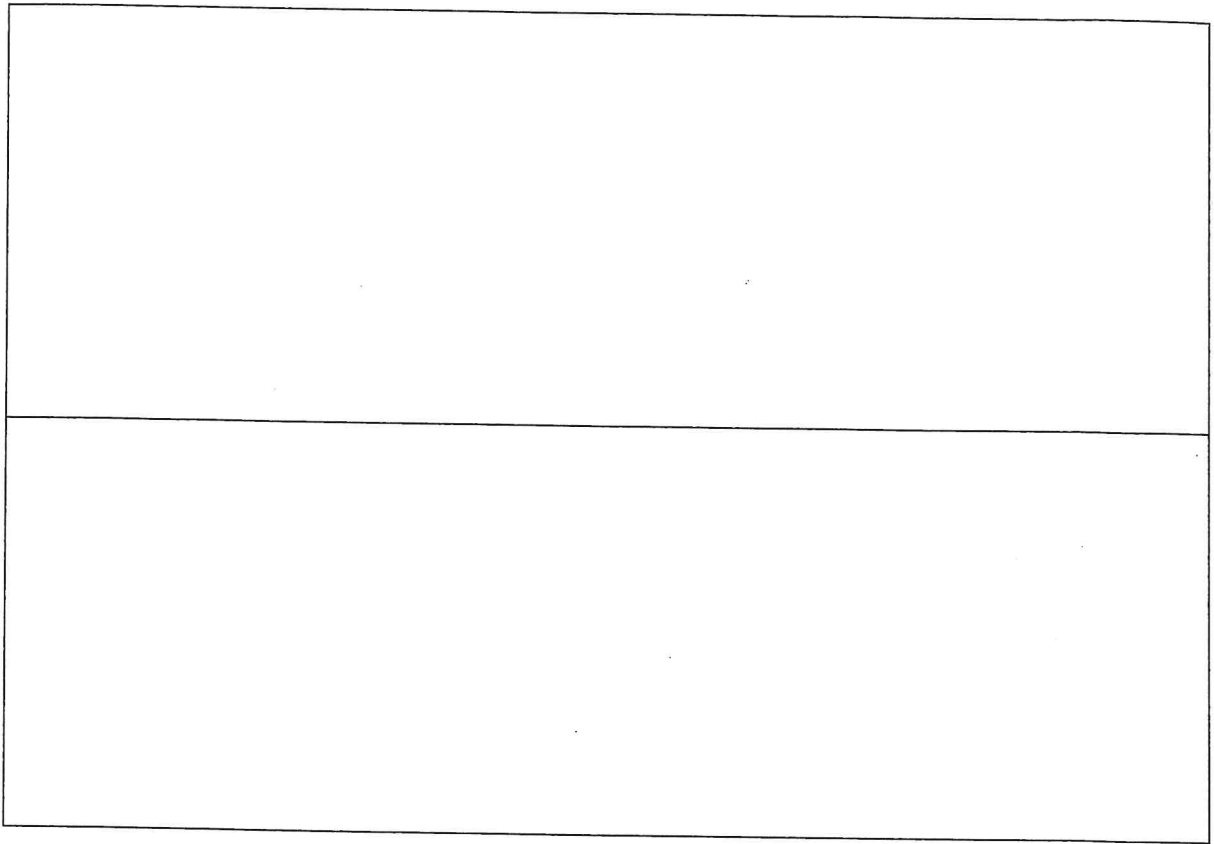
*Note: If 'yes' for item 5, you must provide the previous employers' report. If you answered 'yes' for item 6, you also must transmit appropriate return-to-duty documentation (e.g., SAP report(s), follow up testing record).

Name of Person Completing Form

Title

Phone

Date





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P.O. Box 1715
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Fax: 251-937-0714

NOTICE:

New employees are required to have basic orientation as well as site specific orientation. Several of these require background checks as well as drug and alcohol tests. Any issues that may arise with these tests are not disclosed before these are ordered, the new hire will be responsible for reimbursing Moody's Electric Inc. for the costs of these tests and screening.

Employee

Witness

Moody's Electric Training Log

Employee:	Date:
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Course	Location	Cost	Cost	Cost	Back Ground Check	Drug Screen
AM/NS	Office-Online	\$20				12 Panel BAT
Armstrong	Office-Video	\$0				
A R C	Office- Online	\$0				
ARC Flash	Office- Online	\$0				
Boise	Office- Online	\$0				
IP Cant.	Office – Online	\$20				
GP Brewton	Office- Online	\$20				
GP Leaf River	Office- Online	\$0				
Outokumpu	Office- Online	\$20				12 Panel BAT
Plasmine	Office-Video	\$20				
SSAB	Office- Online	\$20				
W & T Offshore	Office- Online	\$0				
Amvac	TVTC	\$40	20BG18	\$69		
Basic Plus	TVTC/TSCI	\$65				
BasicPlus Refresh	TVTC/TSCI	\$65				
BASF	TSCI	\$45				
DuPont	Gate					
Evonik	TVTC	\$55	20BG15	\$69	DRG24	\$60
Exxon	TVTC	\$40				
Huntsman	TSCI	\$45				
Mitsubishi	Gate					
Oxychem	TVTC	\$22				
Taminco	TVTC	\$40	20BG19	\$149		
UOP	TSCI	\$45				