

THE INDUSTRIAL ELECTRIC COMPANY OF CHARLOTTE – EMPLOYMENT APPLICATION

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
*Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
*If at the above address less than 3 years, list below all residences for the past 3 years. Attach a separate sheet if necessary.					
Street		City		State	Zip
Street		City		State	Zip
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
REFERENCES (PLEASE LIST THREE PROFESSIONAL REFERENCES)					
Full Name			Relationship		
Company			Phone ()		
Address					
Full Name			Relationship		
Company			Phone ()		
Address					
Full Name			Relationship		
Company			Phone ()		
Address					
PREVIOUS EMPLOYMENT					

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE			
Branch		From To	
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
DRIVER EXPERIENCE & QUALIFICATION			
Answer the questions in this section only if applying for driver position			Date of Birth
The US Department of Transportation requires that driver applicants state their date of birth (§391.21(b)(2))			Social Security Number:

DRIVER EXPERIENCE & QUALIFICATION (CONT'D) ANSWER THE QUESTIONS IN THIS SECTION ONLY IF APPLYING FOR DRIVER POSITION

Drivers Licenses	State	License No.	Class	Endorsement(s)	Expiration Date
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held in the past 3 years must be shown.					

- A. Have you ever been denied a licenses, permit or privilege to operate a motor vehicle? YES NO
- B. Has any license, permit or privilege ever been suspended or revoked? YES NO
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? YES NO

If you answered "YES" to A, B or C - Attach a statement giving details.

ACCIDENT REVIEW FOR PAST 3 YEARS (ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED)

Dates	Nature of Accident (Head-on, Rear-end, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS & FOREITURES FOR PAST 3 YEARS OTHER THAN PARKING VIOLATIONS

Location	Date	Charge	Penalty

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results a physical examination and/or a drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Lay 91-508, I have been told that this investigation may include and investigate Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date: _____ Applicant's Signature _____

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

DISCLOSURE

In considering you as an applicant for employment or as a current employee, we may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business that, on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure consumer reports at any time during the employment period.

(Signature)

(Date)

(Printed)

Authorization to Obtain Records and Other Information for Employment Purposes

NAME (First, Middle (full), Last) PAST LEGAL NAMES or ALIAS (First, Middle (full), Last)

CURRENT STREET ADDRESS, CITY, STATE, ZIP HOW LONG?

FIRST PREVIOUS STREET ADDRESS, CITY, STATE, ZIP HOW LONG?

SECOND PREVIOUS STREET ADDRESS, CITY, STATE, ZIP HOW LONG?

APPLICANT SOCIAL SECURITY NUMBER DATE OF BIRTH DRIVER'S LICENSE # AND STATE ISSUED MALE / FEMALE (circle one)

APPLICANT EMAIL

WAIVER

I hereby authorize Capital Associated Industries Services Corporation (CAI) to prepare a consumer report that will include my present and previous employment information, including salary as well as work performance. I also authorize CAI to verify my past and present driving records, education records, credit history, professional credentials, and other records as may be appropriate. I further authorize CAI to perform a criminal records search.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims that I have or may have against all current and/or former employers, and their agents, employees, and representative and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

California, Minnesota and Oklahoma residents only:

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested. Yes No

New York employers and residents only: By signing this consent form I acknowledge receipt of a copy of Article 23-A of New York Corrections Law.

SIGNATURE DATE

For office use only

Fax to 1-919-876-6272

COMPANY NAME REQUESTOR

Criminal Record Credit Report Motor Vehicle Record Social Sec. No. Trace OIG Federal Record

For Georgia criminal searches only: (must check one)

Employment with Mentally Disabled (Purpose Code M) Employment with Children (Purpose Code W)
 Employment with Elder Care (Purpose Code N) None Apply

CRIMINAL (where) 1 2 3

EMPLOYMENT 1 2 3

PROFESSIONAL LICENSE VERIFICATION EDUCATION VERIFICATION





The Industrial Electric Company of Charlotte
Consent, Authorization and
Release of Liability for Drug Testing

I understand and agree that in accordance with The Industrial Electric Company of Charlotte's policy of providing and maintaining a safe and healthy working environment for all employees, I voluntarily agree to undergo a drug test. I understand that, as a condition of employment, The Industrial Electric Company of Charlotte Substance Abuse Policy requires drug urine tests of applicants selected for employment and employees for the purpose of evaluating mental and physical suitability for employment in positions as specified in the Company's Substance Abuse Policy.

I hereby give my permission for Concentra and its agents, to obtain a urine specimen, (or blood sample when alcohol or drug testing is required and breathalyzer or urine test is impractical) from me now and anytime during my employment, including post-accident situations when an additional consent may be impractical or unobtainable. I also understand that this is not a diagnostic examination designed to detect hidden performance effectiveness and possible safety risks to the company, and to me, which might arise as a result of such employment.

I understand that a positive test result will disqualify me from consideration for employment, or at later time, may result in my termination from employment. I fully understand and accept the condition that any false answers or willful omissions made by me will be sufficient grounds for my discharge, irrespective of when the false answers or omissions are discovered.

I understand and agree that neither The Industrial Electric Company of Charlotte, Concentra, the examining physicians, medical personnel or other staff shall be liable for injury or suffering experienced by me as a result of a physical or mental infirmities, disease, or conditions not detected during the course of such testing or for failure to direct me to a specialist for treatment. I understand that all drug and alcohol testing will be conducted at a laboratory certified by the National Institute on Drug Abuse or other appropriate facility approved by the company.

I authorize the release of my test results to the Substance Abuse Policy Administrator of The Industrial Electric Company of Charlotte.

_____	____-____-____	___/___/___
Employee / Applicant (Print)	Social Security Number	Date of Birth
_____		___/___/___
Signature of Employee / Applicant		Date
_____		___/___/___
Witness Signature		Date