



8341 Grace Road
Macon, GA. 31216

Office: (478) 788-7486
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EMPLOYMENT APPLICATION

DATE: ____/____/____ DATE AVAILABLE FOR WORK: ____/____/____

NAME: _____

List any other first or last names that you have used: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE #:() _____ - _____ S.S.#: _____ - _____ - _____ D.O.B: ____/____/____

List highest level of education completed along with any diplomas, degrees or certificates

Are you currently attending school? If so, where and when? _____

Have you ever been convicted of a crime? List all convictions (misdemeanors & felonies) showing offense and date (omit minor traffic citations).

Are you currently on probation or parole? If so, list the municipality that oversees you and your reporting officer's name.

FORMER ADDRESSES: List all places of residence for the last five years:

ADDRESS 1: _____

CITY: _____ STATE: _____ ZIP: _____ DATES: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____ DATES: _____

ADDRESS 3: _____

CITY: _____ STATE: _____ ZIP: _____ DATES: _____



WORK EXPERIENCE:

LIST ALL WORKING EXPERIENCE, MOST RECENT EMPLOYER FIRST.

COMPANY 1: _____ DATES: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #:() _____ - _____ JOB TITLE: _____

SUPERVISOR: _____ REASON FOR LEAVING: _____

FULL OR PART-TIME: _____ STARTING PAY: _____ FINAL PAY: _____

COMPANY 2: _____ DATES: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #:() _____ - _____ JOB TITLE: _____

SUPERVISOR: _____ REASON FOR LEAVING: _____

FULL OR PART-TIME: _____ STARTING PAY: _____ FINAL PAY: _____

COMPANY 3: _____ DATES: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #:() _____ - _____ JOB TITLE: _____

SUPERVISOR: _____ REASON FOR LEAVING: _____

FULL OR PART-TIME: _____ STARTING PAY: _____ FINAL PAY: _____

COMPANY 4: _____ DATES: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #:() _____ - _____ JOB TITLE: _____

SUPERVISOR: _____ REASON FOR LEAVING: _____

FULL OR PART-TIME: _____ STARTING PAY: _____ FINAL PAY: _____

COMPANY 5: _____ DATES: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #:() _____ - _____ JOB TITLE: _____

SUPERVISOR: _____ REASON FOR LEAVING: _____

FULL OR PART-TIME: _____ STARTING PAY: _____ FINAL PAY: _____



UNEMPLOYMENT RECORD:

List all intervals of unemployment along with a brief statement covering each period if applicable.

FROM: ____ / ____ / ____ TO: ____ / ____ / ____ EXPLANATION: _____

FROM: ____ / ____ / ____ TO: ____ / ____ / ____ EXPLANATION: _____

FROM: ____ / ____ / ____ TO: ____ / ____ / ____ EXPLANATION: _____

Have you ever been fired, terminated, discharged, or asked to resign from any position? _____

If your answer is yes, please explain: _____

Are any of your relatives currently working for All-State Electrical? No ____ Yes- Name: _____

ESSENTIAL JOB FUNCTIONS:

The work for which you are applying may involve one or more of the following job requirements:

1. lifting, pushing, pulling or extending above the head items weighing 60 pounds or more
2. lifting, bending & turning at the waist simultaneously
3. standing and/or walking at least four hours continuously
4. operating various types of mechanical equipment and machinery
5. exposure to temperature and noise extremes
6. using power tools including drills, saws, and other hazardous tools
7. climbing and working from ladders, scaffold, & lifts at height

Can you perform the essential job functions, including those listed above, of the position for which you are applying? Initial after the appropriate response below.

YES _____

NO _____

EMERGENCY CONTACT INFORMATION: In case of emergency or accident, please contact:

NAME: _____ PHONE # : (_____) _____ - _____

ADDRESS: _____

VALIDATION:

I have answered all questions to the best of my knowledge and understanding. I understand that any untrue statements in this application will be just cause for dismissal. I authorize the release of information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information to All-State Electrical Contractors.

I HAVE READ AND FULLY UNDERSTAND THE FOREGOING STATEMENT.

DATE: ____ / ____ / ____ SIGNATURE: _____

OFFICE USE ONLY:

DATE HIRED: _____ START DATE: _____ WAGE: _____



COMPANY POLICIES

The times at which you start and end work each day, the total number of hours worked each day, and the location to report for work are all subject to change on short notice. We will make every effort to give as much notice as possible prior to any change. You may at times be required to work as many as twelve hours in a single shift. You may also be required to work on Saturdays and Sundays. These "non-standard" work hours and days become necessary at times in order to maintain job schedules and when required will be deemed mandatory.

We make our best efforts to keep our work local however the Company policy requires that you be available to work throughout the state of Georgia. In some instances you will be required to stay out of town in hotels provided by the company. You may also be asked to drive to jobsites anywhere in the state.

Time is kept on a calendar week basis; that is, time starts on Sunday and continues through Saturday. Time will be turned into the office by the designated supervisors or timekeepers by Tuesday of the following week. Checks will be sent in the mail, to the address listed on your form W-4, and should arrive by Friday. There may be times when your check arrives a day early or late due to various factors. If your check has not arrived by Saturday, please notify us.

Your hourly rate will be paid at one and one-half times normal for any hours worked in excess of forty during a standard calendar week. Understand that weekends are not automatically overtime; only hours worked in excess of 40 during a standard calendar week. Daily time sheets are kept by your foreman. You are required to review and sign your time sheets before they are submitted.

You are required to read and understand our company safety policy and follow it daily. We have copies in the office and on the job site for your review. You can also have a copy to bring home for your records. All accidents and injuries must be reported immediately to your jobsite foreman and to the office. Failure to properly report an accident on the day of the incident may result in termination of employment. You are required to use one of the doctors shown on the poster in the office. Please call the office prior to visiting any doctor regarding an injury.

You are required to report any and all damage to tools, equipment, buildings, or property of the company, customer, or end user to your direct supervisor immediately. Failure to report such damage will result in termination.

All-State Electrical strives to maintain a drug-free work environment. Any employees found under the influence or in possession of illegal drugs or paraphernalia will be terminated immediately. All employees are subject to random drug testing at any time. If you are injured on the job you will be required to take a post injury drug test. Refusal to submit to any drug test will be grounds for immediate dismissal.

Please note that if you miss three or more days at work or if you are tardy on three or more occasions, your employment will be terminated. You are required to call and let both your foreman and the office know if you are going to be late or absent prior to your shift beginning. If you fail to call the office or your foreman prior to your shift beginning, your employment will be terminated after your first offense.

I HAVE READ AND FULLY UNDERSTAND ALL OF THE FOREGOING STATEMENTS.

DATE: _____ SIGNATURE: _____