



TRI-TEX ELECTRIC
INDUSTRIAL / COMMERCIAL / RESIDENTIAL

EQUAL OPPORTUNITY EMPLOYERS

Employee Application

Please Print

Date or application _____ Position (s) Applied For _____

Name _____ **Telephone** _____
Last First Middle Area Code

Address _____
Number Street City Zip State

If employed & less than 18 years of age, can you furnish a work permit? _____ Yes _____ No

Have you filed an application with this company before? _____ Yes _____ No

If yes, give date: _____

Have you ever been employed with this company before? _____ Yes _____ No

If yes, give date: _____

Are you currently employed? _____ Yes _____ No

If yes, may we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? _____ Yes _____ No

(Proof of citizenship or immigration status will be required for employment)

On what date would you be available to work? _____

When are you available to work? _____ Full Time _____ Part Time _____ Shift Work _____ Temporary

Have you been convicted of a felony within the last 7 years?
(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain:



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Education:

Elementary: _____ Years Completed: 4 5 6 7 8
Degree: _____

High School: _____ Years Completed: 9 10 11 12
Degree: _____

College/
University: _____ Years Completed: 1 2 3 4 5
Degree: _____

Graduate/
Professional _____ Years Completed: 1 2 3 4 5
Degree: _____

Describe course of study:

Describe specialized training, apprenticeship, skills and extracurricular activities.

Honors received:

List professional trade, business or civic activities and offices held. (You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status.)



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Give name, address, and telephone numbers of three references who are not related to you and are not previous employers.

1. Name: _____ Phone # _____

Address: _____

2. Name: _____ Phone # _____

Address: _____

3. Name: _____ Phone # _____

Address: _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. (You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status).

[1] Employer: _____	Dates Employed: <u>From</u> _____	<u>to</u> _____
Address: _____	Phone #: _____	
_____	Supervisor: _____	
_____	Job Title: _____	
Hourly Rate/Salary: _____	Starting: _____	Final: _____
Work Performed: _____		
Reason for Leaving: _____		



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[2] Employer: _____	Dates Employed: <u>From</u> _____ <u>to</u> _____
Address: _____ _____	Phone #: _____
	Supervisor: _____
	Job Title: _____
Hourly Rate/Salary: _____	Starting: _____ Final: _____
Work Performed: _____	
Reason for Leaving: _____	

[3] Employer: _____	Dates Employed: <u>From</u> _____ <u>to</u> _____
Address: _____ _____	Phone #: _____
	Supervisor: _____
	Job Title: _____
Hourly Rate/Salary: _____	Starting: _____ Final: _____
Work Performed: _____	
Reason for Leaving: _____	

If you need additional space, please continue on a separate sheet of paper



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Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment experience or education.

Notes:



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Applicant's Statements

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 180 days. If I wish to be considered for employment beyond this time, I understand that I need to inquire as to whether or not applications are being accepted all that time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to the effect is executed by the employer and me in writing.

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.

Signature of Applicant

Date



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Have you ever filed a claim with OSHA? _____ Yes _____ No

What Year? _____ Give reason below:

Have you ever filed a claim with Workers Comp? _____ Yes _____ No

What Year? _____ Give reason below:



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Drug Abuse Policy

The purpose of Tri-Tex Electric Drug Abuse Policy is to provide employees an efficient and safe working environment, and to maintain the Company's competitiveness in the marketplace. Tri-Tex Electric is committed to these goals and through this plan have established rules and guidelines with respect to the use, distribution, and influence of drugs during working hours. This plan applies to all employees. Compliance is a condition of employment.

Possession of illegal drugs and alcohol on company premises, while on company travel or while performing company business is strictly prohibited and may result in disciplinary action, up to and including immediate termination.

Drug abuse is prohibited at the company, while on company travel or company business, whether on company premises or otherwise, while under the influence of any illegal drug. The policy prohibits the use of illegal inhalants and prohibits abuse of legal inhalants. Violation of this policy may result in disciplinary action, up to and including immediate termination.

Unless indicated otherwise, the term "drug" includes illegal drugs, inhalants, alcoholic beverages, prescription drugs (whether prescribed for the employee or otherwise) which interfere with an employee's ability to work properly and any over-the counter drugs which interfere with an employee's ability to work properly.

Employees of Tri-Tex Electric must, as a condition of employment, cooperate with Tri-Tex Electric drug testing program. The program consists of the following:

1. Pre-employment screening: no applicant for employment, including those considered for rehire, shall be hired until tested for the presence of illegal drugs.
2. Employee screening: all employees will be subject to "for cause" and "random" drug test. A "for cause" test is done when a supervisor, due to an accident or other employee behavior, believes there is reasonable suspicion of drug abuse. "Random" drug tests are unannounced tests designed to detect any violation of the above rules regarding Alcoholic beverages and illegal drugs.

Failure to sign a consent form for drug testing, where required, or refusal to submit to drug testing, where required, may result in disciplinary action, up to and including immediate dismissal.

The tests will be conducted at a qualified medical facility approved by the company and by the qualified medical personnel. The tests will include urine and/or blood tests as appropriate to the circumstances.

The Tri-Tex Electric provide medical benefits for the treatment of drug dependency and alcoholism as outlined in the company's medical benefits plan.



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Drug Abuse Policy Consent Form

I have read Tri-Tex Electric Drug Abuse Policy (the "Policy"). I understand the terms of the policy and I acknowledge that I am subject to disciplinary action if I violate the policy.

I agree to submit to a medical test or test designed to detect the presence of unauthorized drugs, as defined within the policy. I authorize the testing agency to provide the results of any such test Tri-Tex Electric, its agents, directors, officers and employees harmless from any and all liability in connection with the testing for unauthorized drugs, as defined in Tri-Tex Electric Drug Abuse Policy.

Employee's Signature

Employee's Printed Name

Applicants for employment with Tri-Tex Electric must, as a condition of employment, cooperate with Tri-Tex Electric in consenting to a Criminal Background check.

1. Pre-Employment Background check: No applicant for employment, including those considered for rehire, shall be hired until background checks have been made.

Failure to sign a consent form for a Criminal Background check where required, may result in disciplinary action, up to and including immediate dismissal.

Employee's Signature

Employee's Printed Name

Witness:



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Company Phone Form

I, _____ (Employee Name), do agree to keep my minutes as close to 500 minutes as possible. If I go over these minutes, then I am responsible for the amount over 500. This amount will be taken from the first paycheck from the date of bill when it is received at the office. The company phone and associated minutes are for company use ONLY. Personal use of this phone is my sole responsibility. Minutes are charged at \$.35 per minute over 500.

If I lose or break this phone because of negligence the replacement cost will be deducted from my check.

Signature

Date



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Deduction Authorization Form

WAGE DEDUCTION AUTHORIZATIONS AGREEMENT

I, _____ (Employee Name) understand and agree that my Employer, Tri-Tex Electric may deduct money from my pay from time to time for reasons that fall into the following categories:

1. My share of the premiums for the Company's Group Medical Plan.
2. The cost of company uniforms, if applicable.
3. Excessive time or unauthorized apps. on business cell phones and/or replacement cost of cell phone due to negligent handling.
4. And any other items appropriate for the company's situation such as the Cost of Fuel when inaccurate odometer reading are entered¹.
5. Court Ordered Child Support (Any of the United States or Abroad)

I agree that the company, Tri-Tex Electric, may deduct money from my pay under the above circumstances, or if any of the above situations occur.

Employee's Signature

Date

Name of Company Representative

Date

If you have any questions, please feel free to contact the Texas Workforce Commission at 1-800-832-9394 or Texas State Attorney General Office at 1-800-252-8014

⁽¹⁾ Tri-Tex Electric currently utilize a company called Fuelman, to help monitor and control the use of fuel by employees for business purposes. Fuelman identifies purchases by both driver and vehicle allowing that allows us to track the movement of vehicles and employees with an accurate record of date, time, and function of each transaction. Fuelman requires an odometer reading entry at each fill-up enabling us to compute the mile per gallon between fill-ups.



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Employee Update Information

Employee Name:

Last

First

Middle

Address Mailing:

Street (P.O. Box)

Apt #

City

State

Zip

Social Security Number _____ - _____ - _____

Date of Birth _____

Telephone Number _____



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Direct Deposit Authorization Form

We are pleased to be able to offer you a payday convenience – Direct Deposit. You can have your paycheck automatically deposited in your checking or savings account on each payday.

Direct Deposit will help you in many ways.

- It saves trips to your financial institution.
- It saves time in depositing checks – no long payday lines to wait in.
- It eliminates the possibility of lost, stolen, or forged checks.
- It means you get your money deposited to your account even if you're on vacation or away from the office on business or illness.

Here's how Direct Deposit works:

On payday you will receive an earnings statement showing your earnings, taxes, other deductions, and net pay. Your money will already have been deposited in your account. The amount of the deposit will appear on your bank statement. We believe you will like the added convenience of having your net pay automatically deposited for you. Direct deposit is safe, convenient, and easy. To take advantage of this service, complete the attached authorization form and return it to your Payroll Department.

The authorization form, which is provided below, gives your company and your financial institution authority to deposit your pay to your account. Simply complete the form to take advantage of Direct Deposit.

All you need to do is:

1. Mark the box before type of account to indicate whether your pay will be deposited in your checking or savings account.
2. Fill in your name, financial institution name and location, and date.
3. Attach a voided check or verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number.



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EMPLOYEE'S AUTHORIZATION

Please fill out and return to your Payroll Department Authorization for Direct Deposit

I authorize Minyard Plumbing and Heating, Inc. (or its affiliates) to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my Checking Account and/or Savings Account each pay period.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have canceled it in writing.

Date: _____

Employee Name (PLEASE PRINT) _____

Financial Institution Name (PLEASE PRINT) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

NOTE: Please verify your financial institutions ACH routing/transit number

Financial Institution City and State _____

Signature _____



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Hourly Employees

Holidays:

After completing 1 year of employment, hourly employees are given all company recognized holidays, which currently is a total of 7 days.

Sick Days:

None

Vacation:

Vacation is accrued at a rate of 3.33 hours per month and can only be taken after completing 1 year of employment. Accrued Vacation Hours DO NOT roll over to the following year.



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90 Day Evaluation Responsibility's

If an employee voluntarily leaves the company before the 90-day evaluation period is over, the employee/individual is responsible for reimbursing the company for the following items:

DRUG SCREEN TEST	\$65.00
MVR (background check)	\$50.00

The above amounts will be deducted from the employee's final paycheck

Employee name: _____

Signature: _____

Date: _____

Donnie Martin | Tri-Tex Electric
President



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