

**EQUAL OPPORTUNITY EMPLOYERS**

**Please Print**

Date or application \_\_\_\_\_ Position (s) Applied For \_\_\_\_\_

**Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
Last First Middle Area Code

**Address** \_\_\_\_\_  
Number Street City Zip State

If employed and 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)*

If employed, can you provide a Valid State Issued Drivers License or ID? \_\_\_\_\_ Yes \_\_\_\_\_ No

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: \_\_\_\_\_

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

**Education:**

Elementary/Middle School: \_\_\_\_\_ Years Completed: 4 5 6 7 8

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 extra curricular 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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).

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

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

<b>[3] Employer:</b> _____	<b>Dates Employed:</b> <u>From</u> _____	<u>to</u> _____
<b>Address:</b> _____	<b>Phone #:</b> _____	

	<b>Supervisor:</b> _____	
	<b>Job Title:</b> _____	
<b>Hourly Rate/Salary:</b>	<b>Starting:</b>	<b>Final:</b>
<b>Work Performed:</b>	_____	
<b>Reason for Leaving:</b>	_____	

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

### Special Skills and Qualifications

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

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Have you ever filed a claim with OSHA? \_\_\_\_\_ Yes \_\_\_\_\_ No

What Year? \_\_\_\_\_ Give reason below:

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

What Year? \_\_\_\_\_ Give reason below:

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Notes:

## **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 period, 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.

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Signature of Applicant

Date

## **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 market place. 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 also 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 with regard to 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.

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

## **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:



## 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

## 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 on business cell phone 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 the fill-up when an inaccurate odometer reading is entered<sup>1</sup>.

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



## **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 you 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 in order 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.

**EMPLOYEE'S AUTHORIZATION**  
Department \_\_\_\_\_

Please fill out and return to your Payroll

Authorization for Direct Deposit

I authorize Tri-Tex Electric (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 \_\_\_\_\_

## 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 the 90 evaluation period.

### 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	\$42.50
MVR (background check)	\$12.50

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

Employee name: \_\_\_\_\_

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

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