

## APPLICATION FOR EMPLOYMENT

We appreciate your interest in our Company. Our Company is an equal employment opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, sex, religion, national origin, age, disability, or any other basis protected by applicable law. The Company also prohibits harassment of applicants or employees based on any of these protected categories.

**Note to Applicants:** Smoking is prohibited in all indoor areas of the Company unless designated smoking areas have been established by a particular office in accordance with applicable state and local law.

### GENERAL INFORMATION

Please complete all requested information. Use ink and print.

Location	Today's Date	Position Applying For	
Name (Last)	(First)	(Middle)	Minimum Salary Desired Date Available for Work
Street Address		Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	Zip	Telephone (Home)      Telephone (Work)
Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available to work overtime as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you available weekdays? _____ weekends? _____	
Have you previously worked for or applied for a position with the Company, in any of our offices either as an employee or through an employment agency?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain when and, if employed, in what capacity:		Do you have any relatives now employed at the Company?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, state name(s) and where they are located.	

### PERMISSION TO WORK

If hired, can you present evidence of your US Citizenship or proof of your legal right to work in the US?  Yes  No

### REFERRAL INFORMATION

How did you learn about our Company?]

- |  |  |
|--|--|
| <input type="checkbox"/> Employment Agency (state name): _____<br><br><input type="checkbox"/> Reputation of Company<br>_____<br><br><input type="checkbox"/> Referral (state name): _____ | <input type="checkbox"/> School (state name): _____<br><br><input type="checkbox"/> Newspaper ad (name of paper): _____<br><br><input type="checkbox"/> Other: _____ |
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## WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

<b>1</b>	Company Name	Telephone (     )
	Address	Employed (Month and Year) From                      To
	Name, Title, and Phone Number of Supervisor	Monthly Wages Start                                      Last
	Job Title, and Work Responsibilities	Reason for Leaving:

<b>2</b>	Company Name	Telephone (     )
	Address	Employed (Month and Year) From                      To
	Name, Title, and Phone Number of Supervisor	Monthly Wages Start                                      Last
	Job Title, and Work Responsibilities	Reason for Leaving:

<b>3</b>	Company Name	Telephone (     )
	Address	Employed (Month and Year) From                      To
	Name, Title, and Phone Number of Supervisor	Monthly Wages Start                                      Last
	Job Title, and Work Responsibilities	Reason for Leaving:

*(Employment record continued on next page.)*

<b>4</b>	Company Name	Telephone (    )
	Address	Employed (Month and Year) From                      To
	Name, Title, and Phone Number of Supervisor	Monthly Wages Start                                      Last
	Job Title and Work Responsibilities	Reason for Leaving:

Please explain any gaps in your employment \_\_\_\_\_  
\_\_\_\_\_

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment? Yes \_\_\_\_\_ No \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Individuals not related to you. Business references preferred.

Name	Occupation	Phone	Address	Years Known and Capacity

**EDUCATION & TRAINING**

Please include name, street, city, state and zip code for each school.

School	Name and Location of School	Number of Years Completed	Degree	Type of Course/Major
Graduate				
College				
High School				
Business/Trade/ Technical				

**ADDITIONAL EMPLOYMENT INQUIRIES**

**If applying for a position that will include driving:**

Driver's License Information: State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Restrictions or Suspensions (respond fully if driving is required by the job for which you are applying):

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If hired, you may be required to provide proof of insurance coverage.

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been convicted of a crime? **Do not include convictions that were sealed or expunged pursuant to a court order.**

Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain any "Yes" answer. Use additional paper if necessary.

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Are you currently awaiting trial for any criminal offense?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain any "Yes" answer. Use additional paper if necessary.

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Have you ever initiated an act of violence in the workplace?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain any "Yes" answer. Use additional paper if necessary.

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**APPLICANT'S STATEMENT & ACKNOWLEDGMENT**

**THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.**

- Initial: \_\_\_\_\_ I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.
- Initial: \_\_\_\_\_ I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, **I will be an at-will employee**, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice. I understand that only the Managing Director of Francis E. Klunk Electrical Contractor, LLC, and no manager, supervisor, or representative of Francis E. Klunk Electrical Contractor, LLC, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to the Managing Director, any such agreements must be in writing and are subject to approval by the Company's Board of Directors.
- Initial: \_\_\_\_\_ I further understand and agree that, except for employment-at-will status, if hired my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by Francis E. Klunk Electrical Contractor, LLC,
- Initial: \_\_\_\_\_ I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment.
- Initial: \_\_\_\_\_ I understand that Francis E. Klunk Electrical Contractor, LLC may share the information contained in this application with other Francis E. Klunk Electrical Contractor, LLC employees for employment and administrative purposes and hereby consent to such transfer.
- Initial: \_\_\_\_\_ I hereby authorize Francis E. Klunk Electrical Contractor, LLC to conduct any necessary investigation regarding my background as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.
- Initial: \_\_\_\_\_ I agree to submit to legally permissible drug testing upon an offer of employment from Francis E. Klunk Electrical Contractor, LLC and prior to starting work. I agree that any offer of employment is contingent upon my receiving a negative test result.
- Initial: \_\_\_\_\_ I understand and expressly agree that if employed by Francis E. Klunk Electrical Contractor, LLC, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.
- Initial: \_\_\_\_\_ I agree to undergo a pre-employment physical examination consistent with federal and state law.
- Initial: \_\_\_\_\_ I understand that Francis E. Klunk Electrical Contractor, LLC, has an arbitration procedure governed by the Federal Arbitration Act, 9 U.S.C. sections 1 et seq. The arbitration procedure applies to claims brought by me against Francis E. Klunk Electrical Contractor, LLC or by Francis E. Klunk Electrical Contractor, LLC against me. I agree that any claim arising out of or relating to the application process, including, without limitation, a claim alleging unlawful discrimination and/or harassment, and any claim arising out of or relating to my employment or its termination (if I am offered and accept employment), including, without limitation, a claim of unfair business practices, unlawful employment discrimination, harassment, wrongful demotion and/or wrongful termination, will be presented to a neutral arbitrator for final and binding decision in accordance with procedures adopted by Francis E. Klunk Electrical Contractor, LLC. These procedures do not prevent me from filing a claim or charge with the Equal Employment Opportunity Commission or National Labor Relations Board. Nor do these procedures prevent me from making a claim for workers compensation benefits or unemployment insurance. I understand and agree that I may review Francis E. Klunk Electrical Contractor, LLC's arbitration procedures before submitting this application for employment by making a written request for a copy of those procedures from Francis E. Klunk Electrical Contractor, LLC, 145 Oak Lane, McSherrystown, PA 17344.

***THIS AGREEMENT IS A WAIVER OF ALL RIGHTS TO CIVIL COURT ACTIONS FOR A CLAIM SUBJECT TO ARBITRATION. ONLY THE ARBITRATOR, NOT A JUDGE OR JURY, WILL DECIDE THE CLAIM OR DISPUTE.***

**My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on such issues.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

## AUTHORIZATION FORM FOR MOTOR VEHICLE RECORDS CHECK

**The purpose of this form is to obtain your authorization to conduct a Motor Vehicle Records (MVR) check for the company's use in determining if you will receive or maintain authorization to drive on company business. Only information related to driver's license will be obtained for current employees and applicants offered employment.**

As a condition for driving any vehicle on company business including your personal vehicle or a company vehicle, drivers must give Francis E. Klunk Electrical Contractor authorization to conduct a MVR check and provide all necessary information for the check. Driving on company business will be prohibited if authorization to conduct a MVR check is not given. An MVR check will be conducted annually unless the company determines a more frequent check is necessary. You will be provided a copy of the MVR check if requested and will receive a copy if its contents will affect the authorization to drive on company business. Because a suspension of your authorization to drive may impact upon your employment, you will be notified if your authorization to drive on company business is suspended or at risk of being suspended.

Any driver who continues to drive on company business after refusing to authorize a MVR check or after authorization to drive on company business has been suspended will be subject to the corrective action procedures contained in the company policy.

Drivers authorized to drive any vehicle on company business must report any accident occurring while driving a company vehicle, any license suspension, and any conviction for a moving violation whether the violation occurred on or off the job.

Francis E. Klunk Electrical Contractor will conduct a Motor Vehicle Records (MVR) check if an individual meets any of the following situations:

1. Employees who drive or who are expected to drive on company business at any time whether using a company or a personal vehicle.
2. Individuals offered employment into a job for which authorization to drive on company business is a requirement of the job.
3. Anyone who has had a vehicular accident while on company business or in a company vehicle.

Last Name:		First Name:		Middle Name:	
Date of Birth:	Last 4 Digits of Social Security #:	Driver's License Number:		State/Province/Territory of Issue:	
Address (as it appears on your license):					
Street:		City:	State:	Zip:	

I authorize Francis E. Klunk Electrical Contractor to obtain driver's license information from any state or jurisdiction that I have been licensed to drive motor vehicles and to share this information with the appropriate company officials.

Please Sign Here:	Date:

**Unacceptable Drivers** are drivers with any of the following violations listed:

- Any driver with less than 3 years of driving experience; or
- Any driver whose MVR includes any of the following violations (during the most recent 3 year period unless otherwise stated):
  - At-Fault Accidents – 2 or more
  - DWI/DUI
  - Drug Offense
  - Eluding a police officer
  - Felony committed with a motor vehicle
  - Foreign citizens with no historical driving record available to us
  - Hit & Run / Leaving the scene of an accident
  - Lending an operator's license or registration to another
  - Moving Violations - 3 or more
  - NOTE: **Texting or cell phone violations** are considered moving violations because they increase the chance of being in an accident. **Seat belt violations** are not moving violations.
  - Moving Violations & Accidents – more than 2 moving violations and/or at fault accidents within the past 12 months
  - Open container violation
  - Passing a stopped school bus
  - Racing or Speed contest violation
  - Reckless Driving
  - Speeding 25mph, or more, above the speed limit
  - Speeding 10mph or more over the speed limit in a school zone
  - Suspended License
  - Suspended License history - Drivers who have had 3 or more license suspensions as a result of moving violations
  - Temporary Operators Permit
  - Vehicle Manslaughter/Homicide

MVRs that do not display any of the above parameters are generally acceptable but Francis E. Klunk Electrical Contractor may take action on a driver based on the nature of the activity on the MVR that may not be reflected above.