

Accurate Electric
6901 Americana Parkway
Reynoldsburg, OH 43068
PH (614) 863-1844
FAX (614) 759-1437



Company Control Number

Received Control Number

IMPORTANT AUTHORIZATIONS AND UNDERSTANDING

- 1. Equal Opportunity Employment.** All qualified applicants will receive consideration without unlawful regard to age, race, color, religion, creed, sex, marital status, national origin, disability, military status, or any other basis protected by law. If you have any concern about the legality of any question, please call it to the attention of a Company officer and discuss your concerns.
- 2. Completeness And Accuracy Of Information.** I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I understand that any false, omitted, or misleading information submitted during the application process will disqualify me from consideration for hire. If I have already been hired before the falsification or omission is discovered, my employment will be terminated.
- 3. Authorization For Release Of Information And Release From Liability.** I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment records, criminal background, security clearance, past employment, and education without any obligation to give me a written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquires and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding and may be relied upon.
- 4. No Written, Oral, Or Implied Contracts.** I understand that all employment with the Company is "at will." This means that just as I have the right to terminate the employment relationship at any time, with or without reason, the Company retains a similar right. I understand that any written company documents, or any oral statements made either during the application process or, if I am employed, after I am employed should not be relied upon by myself as altering this general policy. I acknowledge that only the Company President has the authority to alter the at-will nature of employment, and then only by a written contract specifically signed by the individual and the Company President.
- 5. Travel Or Relocation.** I understand that the nature of the business of the Company is such that I must be willing to travel or even move to various locations. I agree to travel or move when required.
- 6. Policies and Benefits May Be Altered.** I understand that, as a part of the nature of at-will employment, the Company may at its option, change, delete, suspend, or discontinue any policy that may be in place during my employment at any time, without prior notice. I also acknowledge that the Company reserves the right to change, delete, suspend, or discontinue any part or parts of any benefit program at any time without prior notice, both while an individual is actively employed and after the employment relationship has terminated, including by retirement.
- 7. Job Application Policy.** We generally accept job applications only when we have determined there are jobs available or soon to be available which we intend to fill. When we make a determination there are jobs which we intend to fill, we reserve the right to review active applications already on file prior to accepting applications. Given the nature of our business, we reserve the right to not hire persons even though applications have been accepted should we determine our needs were not as we initially projected. Applications are considered 'active' for a period of 30 calendar days from the date they were initially signed. An applicant who wishes to be considered after the expiration of that period may establish one (1) additional 30 day 'active' period by either calling or personally visiting the company office no sooner than five (5) calendar days prior to and no later than five (5) calendar days after the expiration of the initial 30 day period. In that event, the second 30 day active period will commence immediately upon the expiration of the first. After the expiration of the 'active' period, a new application must be completed.
- 8. Health Examination.** I understand and agree that an offer of employment may be conditional upon successful completion of a health examination which includes a drug screen. I further understand that if I am offered employment and refuse to participate in the health examination or drug screen, my offer of employment will be withdrawn. I further understand that if alcohol or illegal drugs are detected, I will not be employed.
- 9. Background Investigation.** We are required to advise you a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any such investigative report that is made.

I Acknowledge I Have Read And Understand All The Above Terms And That I Agree With Them.

Name (please print)

Social Security Number

Applicant Signature

Date

OFFICE/CLERICAL EXEMPT

PERSONAL INFORMATION

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY
RESUMES WILL NOT BE ACCEPTED IN LIEU OF THIS FORM

LAST NAME		FIRST		MIDDLE		SOCIAL SECURITY NO.	
PRESENT ADDRESS		CITY		STATE	ZIP	PHONE NUMBER () -	
ADDITIONAL ADDRESS WHERE YOU MAY BE REACHED						PHONE NUMBER () -	
LAST PREVIOUS ADDRESS		CITY		STATE	ZIP	DATES LIVED THERE FROM _____ TO _____	
POSITION YOU ARE APPLYING FOR						PAY LEVEL YOU EXPECT	
HAVE YOU WORKED FOR THE COMPANY BEFORE IF SO, WHEN				HOW DID YOU LEARN ABOUT THIS COMPANY			
FRIENDS OR RELATIVES WORKING FOR THIS COMPANY				RELATIONSHIP			

May we contact you at work? YES NO
 If yes, work number and best time to call? _____

Are you 18 years of age or older? YES NO
 If you are under 18, can you furnish a work permit? YES NO

Are you legally eligible for employment in this country? YES NO
 (Proof of this status will be required upon employment.)

Have you ever been fired from a job or asked to resign? YES NO
 If yes, provide a full explanation _____

How many days were you absent from school or work within the past 12 months? _____

How many days were you late to school or work withing the past 12 months? _____

Have you filed an application with this Company before? YES NO
 If you have filed a previous application with this Company, give date(s) _____

Have you ever pled either guilty or no contest to or been convicted of
 any felony, or of any crime involving honesty? YES NO
 (An affirmative answer will not necessarily preclude employment.)
 If yes, give date(s), place(s), and disposition(s) _____

Will you work overtime ^{and}/or on-call if required? YES NO

Will you travel? YES NO

LIST THREE INDIVIDUALS (OTHER THAN EMPLOYERS OR RELATIVES) WHO COULD GIVE YOU A REFERRAL

NAME	ADDRESS	PHONE NUMBER () -
NAME	ADDRESS	PHONE NUMBER () -
NAME	ADDRESS	PHONE NUMBER () -

EDUCATION (NAME AND LOCATION OF SCHOOLS)

HIGH SCHOOL	COURSED STUDIED	YEARS COMPLETED 9 10 11 12
TECHNICAL, TRADE, OR BUSINESS SCHOOL	COURSES STUDIED	DID YOU GRADUATE
COLLEGE	MAJOR	YEARS COMPLETED 1 2 3 4
GRADUATE SCHOOL	MAJOR	DID YOU GRADUATE
OTHER CLASSES INCLUDING EVENING, PART-TIME, AND SEMINARS	COURSES STUDIED	

MILITARY EXPERIENCE

Have you ever been in the Armed Forces YES NO

If yes, which branch? _____

If yes, dates of duty _____

If yes, rank at discharge? _____

If yes, list service schools attended and special training and job titles

EMPLOYMENT HISTORY (BEGIN WITH THE MOST RECENT. COMPLETE EVEN IF YOU SUBMIT A RESUME)

Cover the past seven years of employment or the three most recent employers (whichever is greater). Use additional sheets as necessary. Include any volunteer work. Account for all time using the COMMENTS section to explain any breaks in employment.

EMPLOYER, ADDRESS, CITY, STATE, ZIP, PHONE (INCLUDING AREA CODE)	DATES (MONTH & YEAR)		DUTIES ACCOMPLISHED OR POSITIONS HELD	WAGE PER HOUR		REASON FOR LEAVING
	FROM	TO		START	FINAL	
①				\$	\$	
IF THIS IS YOUR CURRENT EMPLOYER, MAY WE CONTACT THIS PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO	YOUR SUPERVISOR & TITLE		WHAT YOU LIKED MOST ABOUT THIS JOB			
②				\$	\$	
YOUR SUPERVISOR & HIS/HER TITLE	WHAT YOU LIKED MOST ABOUT THIS JOB					
				\$	\$	
YOUR SUPERVISOR & HIS/HER TITLE	WHAT YOU LIKED MOST ABOUT THIS JOB					
				\$	\$	
YOUR SUPERVISOR & HIS/HER TITLE	WHAT YOU LIKED MOST ABOUT THIS JOB					

EMPLOYER, ADDRESS, CITY, STATE, ZIP, PHONE (INCLUDING AREA CODE)	DATE (MONTH & YEAR)		DUTIES ACCOMPLISHED OR POSITIONS HELD	WAGE PER HOUR		REASON FOR LEAVING
	FROM	TO		START	FINAL	
③				\$	\$	
YOUR SUPERVISOR & HIS/HER TITLE	WHAT YOU LIKED MOST ABOUT THIS JOB					
④				\$	\$	
YOUR SUPERVISOR & HIS/HER TITLE	WHAT YOU LIKED MOST ABOUT THIS JOB					
⑤				\$	\$	
YOUR SUPERVISOR & HIS/HER TITLE	WHAT YOU LIKED MOST ABOUT THIS JOB					
COMMENTS						

CAPABILITIES

While we have a wide variety of jobs with differing functions, experience indicates there are many functions which are common to most jobs. Are you able, with or without reasonable accommodations, to:

- | | | | | |
|--|------------------------------|-----------------------------|----------------------------------|--|
| Stand for a full 8 to 10 hour day? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Routinely and repetitively lift | |
| Engage in repetitive bending? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | up to 50 pounds above your head? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Engage in repetitive twisting? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Work overhead from scaffolds | |
| Routinely and repetitively lift | | | and ladders? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| up to 100 pounds to waist height? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | |

NOTE

You may be asked specific questions, in addition to those above, about the functions of the particular position you are seeking. Any indication of limitation or restriction will NOT preclude employment.

SPECIAL SKILLS

Indicate how well you can operate or perform the following:

<u>EQUIPMENT OR TASK</u>	<u>VERY WELL</u>	<u>YES WITH ASSISTANCE OR HELP</u>	<u>LITTLE EXPERIENCE/ NEED MORE TRAINING</u>	<u>NEVER USED OR DONE BEFORE</u>
Hydraulic Bender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Threader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VOM Meter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerial Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Trencher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Spade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Puller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Bender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervise People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Unsupervised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>