



Dear Prospective Employee Please Read

In 2009 the government initiated the American Recovery and Reinvestment act better known as the Stimulus Package. You are being asked for the following information to determine if your employer will be eligible for certain tax credit benefits for hiring employees that meet specific eligibility requirements.

The company that you are applying with may be able to obtain certain valuable tax credits based upon your answers to the questions on the two documents. Please take your time and answer the questions carefully, completely, and accurately. This information is requested voluntarily you are not required to complete this questionnaire; however the information is required for your potential employer to receive the federal tax credit.

Government Tax Credits have been expanded in recent years. Your answers to these questions will not affect your eligibility for employment or any benefits you or your family may currently be receiving. In fact, you could be more employable due to your complete and truthful answers. Your assistance is appreciated.

Sincerely
Electric Supply Inc.

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number (____) _____ - _____

If you are under age 40, enter your date of birth (month, day, year) ____/____/____

- 1 Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but **not** age 25 or older, **and**:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
 - Discharged or released from active duty in the U.S. Armed Forces, **or**
 - Unemployed for a period or periods totaling at least 6 months.
- 5 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date ____ / ____ / ____



APPLICATION FOR EMPLOYMENT

Electric Supply, Inc. is an Equal Opportunity Employer and shall not, because of race, color, religion, sex, national origin, disability, genetic information, or age, fail or refuse to hire qualified applicants.

PERSONAL INFORMATION

Name: _____ Date: _____
 Last First M. I.

Address: _____
 Street City County State Zip

Phone No. _____ Social Security No. _____

Position(s) Applying For _____ Wage or Salary Requirements \$ _____

Full-time Part-time Date Available _____

How did you find out about this employment opportunity? Community Employment Agency Private Employment Agency
 State Employment Agency Walk-in Employee _____ Advertisement Unsolicited
 H.S./Tech School Other

Are you legally eligible for employment in the United States? Yes No

Are you over 18 years old? Yes No

How many hours per week are you available? _____

Are you available to work nights or weekends? Yes No

Have you ever been employed with this company? Yes No

If yes, when? _____

Have you ever been bonded? Yes No

Have you ever been refused a bond? Yes No

If yes, explain: _____

Do you use tobacco products? (Tobacco users will not be eligible for employment) Yes No

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? Yes No

If yes, please explain in detail and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Note: A yes response does not automatically disqualify an applicant for employment.

Are you currently on probation or parole? Yes No

If yes, explain and give the jurisdiction (state, city or county, and year): _____

Note: A yes response does not automatically disqualify an applicant for employment.

EDUCATION

	Name and address of school	No. of years attended	Did you graduate?	Subjects studied and degree(s) received
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Vocational School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SKILLS

Are there experiences, skills, or qualifications that you feel would especially fit you for the position(s) for which you are applying?

EMPLOYMENT HISTORY

Please give accurate, complete full-time employment record. Start with your present or most recent employer.

May we contact your present employer? Yes No

Company Name: _____	Telephone: () _____
Address: _____	Dates Employed: From _____ To _____
Name of Supervisor: _____	Salary: \$ _____ Hr / Mo / Yr
Job Title & Responsibilities: _____	Reason for Leaving: _____

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Job Title & Responsibilities: _____	Reason for Leaving: _____

If you wish to describe additional work experience, please use another sheet of paper. Please list any US Military Service including branch, rank attained, dates, and nature of discharge: _____

REFERENCES

List three references who are not relatives or current employer.

Name	Title	Company Name & Address	Phone

DRIVER & WAREHOUSE

Complete this section only if you are applying for a warehouse or driver position.

Driver's license number: _____ Class: _____

1. Have you received any type of driver safety training or safe driving recognition? If so, please explain. _____

2. What class of driver's license do you have? _____

3. Is it current and valid? _____

4. Do you have a current DOT Physical Card? _____

Applicant's Certification and Agreement

I hereby certify that the facts set forth in the above employment application are true and complete. I understand that misrepresentation or omission of facts called for is cause for cancellation of this application or cause for dismissal if I become employed regardless of the timing or circumstances of discovery. In consideration for employment with Electric Supply, if employed, I agree to conform to the rules, regulations, policies and procedures of Electric Supply at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Electric Supply's business, attendance and punctuality are considered essential requirements of every job at Electric Supply and that poor attendance or tardiness will result in disciplinary action. I authorize this company to verify the accuracy of the facts contained herein and to obtain reference information on my work performance. I hereby release this company from any / all liability of whatever kind and nature that, at any time, could result from obtaining and having an employment decision based on such information. I hereby authorize and release from liability, all former employers, educational institutions, law enforcement agencies, and/or other government agencies who provide/release information regarding my employment, education, criminal conviction record, drivers license violations and motor vehicle accident records that may be in their possession, to this company and/or its agents. This release acknowledges that Electric Supply may now or at any time while employed, conduct a verification of your education, previous employment/work history, contact your personal references, require that you be tested for the presence of drugs or alcohol, and receive any criminal history record information pertaining to you that may be in files of any federal, state, county or local agency and/or other information as deemed necessary to fulfill the job requirements or any other information as stated on my job application. Further state that, should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of this company. Further, I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment. I also understand that an offer of employment is contingent upon several criteria being met, including my satisfactorily passing a physical examination and any/or associated laboratory tests that may be prescribed by the company. I understand this application will be active for a period of 1 year; after that time, if I wish to be considered for employment, I must submit a new application.

Date: _____ Signature of Applicant: _____