

258 North Timber Way PO Box 38 Broadway, VA 22815 Phone: (540) 896-7095 Fax: (540) 896-9546

### **Application for Employment**

#### TRUMBO ELECTRIC, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

Trumbo Electric, Inc. considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Today's Date:					
Name:					
E-mail:					
Current Address:					
City:			State:	Zip Code	:
Phone Number:		Alternate Phone Nu	mber:		
Position(s) applied	for:				
Expected Rate of P	'ay:				
When would you b	e able to start?				
Type of employme	nt desired?	Full Time			
		Part Time			
		Temporary			
How did you hear a	about us?	Current Employee N	lame:		
		College Recruitment		Newspaper/Radio Ad	
		High School Recruitment		Virginia Employment Agency	
		Walk-In		Job Fair	
		Other Explain:			
Are you at least 18 years of age?				Yes	No
Can you produce documented proof of your identity and eligibility for				Yes	No
employment in the United States?					
Have you ever filed an application with us before?				Yes	No
If Yes, when?					
Have you worked for Trumbo Electric before?				Yes	No
If Yes, when?					
Are you currently employed?				Yes	No
Are you able to travel if the job requires it?				Yes	No
Have you ever been convicted of a crime other than a minor traffic offense?				Yes	No
(Conviction will not necessarily disqualify you from employment, rather such factors as age and date of					
		, and rehabilitation will be considered)			
If yes, please expla	iin:				

### Work Experience

Start with your current or most recent job. Include any job-related experience, military service assignments, and volunteer activities.

Name and address of employer:		
Name and address of employer:		
Telephone number:		
Immediate Supervisor:		
Job title and duties:		
Date hired and left (If not current)		
Starting pay and Ending (If not current)		
Reason for leaving (If not current)		
May we contact this employer?	Yes	No
Name and address of employer:		
Telephone number:		
Immediate Supervisor:		
Job title and duties:		
Date hired and left:		
Starting pay rate and ending:		
Reason for leaving:		
May we contact this employer?	Yes	No
Name and address of employer:		
Telephone number:		
Immediate Supervisor:		
Job title and duties:		
Date hired and left:		
Starting pay rate and ending:		
Reason for leaving:		
May we contact this employer?	Yes	No
Please explain any gaps in work history:		
Have you ever been fired or asked to	Yes	No
resign from a job?		
If Yes, please explain:		

# Education

Elementary School				
Name and Address:				
Last Year Completed:				
Middle School				
Name and Address:				
Last Year Completed:				
High School				
Name and Address:				
Last Year Completed:				
Date Diploma Received:				
College				
Name and Address:				
Major:				
Last Year Completed:				
Date Degree Received and Type:				
Post Graduate				
Name and Address:				
Major:				
Last Year Completed:				
Date Degree Received and Type:				
Describe any specialized training or				
apprenticeships:				
Languages that you able to	Proficiency:	Beginner	Intermediate	Fluent
Speak:				
Read:				
Write:				
	-			
Please provide any additional				
information, such as special skills,				
training, supervisory experience,				
equipment operation, or other				
qualifications that you feel will be				
helpful in considering your application.				

## **Applicant's Statement**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Trumbo Electric, Inc. to verify their accuracy and to obtain reference information. I hereby release Trumbo Electric, Inc. from any/all liability to whatever kind and nature which, at any time, could result from obtaining and basing an employment decision on such information. I understand that falsified statements of any kind or omissions of facts called for on this application may result in disqualification of consideration of employment, or, if already employed, grounds for immediate dismissal.

I understand that nothing in this employment application or in the granting of interviews is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises of employment have been made to me, however, I understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature. This means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I agree that the company reserves the right to require me to submit to a drug/alcohol test prior to employment and at any time during employment, to the extent permitted by law. I also understand that if I should receive a conditional offer of employment, I may be required to submit to a medical examination or medical inquiries to determine my ability to perform the essential functions of the job for which I have applied.

I understand that the company reserves the right to request a criminal background check prior to and at any time during my employment. I expressly authorize the company, when requested, to disclose any criminal history information received to any customer.

I understand that if employed, policies, rules, and regulations which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part, at any time.

I understand that this application for employment shall be considered active for a period of time not to exceed 90 days, after which time I would need to reapply in accordance with established company procedures.

Signature of Applicant\_\_\_\_\_

Date

Checking this box constitutes a legal electronic signature confirming that I acknowledge and agree to the above applicant's statement.

(Only complete this section if someone other than yourself completed this application.)

I have had the application, including the above statement, read to me in my native language by:

Signed

Date\_

Checking this box constitutes a legal electronic signature confirming that I acknowledge and agree to the above statement.

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based on your merit and on no other consideration.

### **Employment Data Record – Voluntary Survey**

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

The purpose for this data record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this data record is optional. If you choose to volunteer the requested information, please note that all data records are kept in a confidential file and <u>are not</u> a part of your application for employment or human resource file.

#### <u>Please note:</u> YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Date:						
Name:						
Address:						
City:		State:	Zip Coc	e:		
Social Sec	urity Number:					
Position A	pplying For:					
Sex:			Fe	nale		
Birthdate:						
Ethnic Origin:		White	Bla	ck		
		White H	ispanic Bla	ck Hispanic		
		American Indian/Alaskan Native				
	Asian/Pacific Islander					
Other						
Check if a	Check if applicable: Vietnam Era Veteran					
	Disabled Veteran					
		Disabled Individual				
		Other Ve	Other Veteran			

#### For Human Resources/Hiring Manager Use Only

Date Called:	By Whom:	
Interview Date:	Interview Time:	
Orientation Date:	Start Date:	
Superintendent:	Department:	
Department:	Hourly/Salary:	
Other Notes:		