

Employment Application



Date:

Name:

Address:

State/Province:

Zip/Postal Code:

SS Number:

Micar Company
 1900 1/2 N 22nd St
 Decatur, Illinois
 United States
 62526
 Phone: 217-362-0054
 Fax: 217-362-0061
 www.themicarcompany.com

Home Phone:

Cell Phone:

When available to begin work?

Positions Applied for:

Salary Desired:

How did you hear about this job?

Have you Worked for this Company Before?

If So, When?

Do you have any relatives working for this company?

Relationship

May we contact you at work? Yes No

Have you applied with this company before? Yes No

If, yes, work number and best time to call

If, yes, please provide date

Are you 18 years of age or older? Yes No

If under 18, can you furnish a work permit? Yes No

Have you ever pled either guilty or no contest to or been convicted of a felony, OR, of any crime involving honesty? Yes No
 (An affirmative answer will not necessarily preclude employment).

Are you legally eligible for employment in the US? Yes No

Have you ever been fired or asked to resign? Yes No

If Yes, Please Provide Explanation

If Yes, Please Provide Explanation

Will your work overtime, and/or on call? Yes No

Will you travel? Yes No

How many days were you absent from work in the past 12 Months?

How many days were you late from work in the past 12 Months?

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

Have you ever been convicted of a crime: yes no

If yes, please explain

Do you have a drivers license? yes no

Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Skills:

Typing:

Computer:

PC

Mac

Both

Applications (list all that apply):

Other Skills:

Please list 3 references other than relatives and previous employers

Name			
Position			
Company			
Telephone			

Military Experience

Have you served 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, special training, and job titles.

Capabilities

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

- | | | | |
|--------------------------------------|--|---|--|
| Stand for 8 to 10 hours a day? | <input type="radio"/> yes <input type="radio"/> no | Lift up to 50 pounds above head? | <input type="radio"/> yes <input type="radio"/> no |
| Engage in repetitive bending? | <input type="radio"/> yes <input type="radio"/> no | Work overhead from scaffolds and ladders? | <input type="radio"/> yes <input type="radio"/> no |
| Engage in repetitive twisting? | <input type="radio"/> yes <input type="radio"/> no | | |
| Lift up to 75 pounds to waist height | <input type="radio"/> yes <input type="radio"/> 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

Equipment Or Task	Very Well	Yes with Assistance or Help	Little Experience Need More Training	Never Used Or Done Before
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"/>
Cutting Torch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stick Welder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIG Welder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MIG Welder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grinders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plasma Arc Cutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To Be Read and Signed By Applicant

This certifies that this application was completed by the Applicant, and that all entries on it information in it are true and complete to the best of my knowledge and that the undersigned read and understood all Employment Application terms and conditions and the Job Application Policy.

I authorise you to make such investigations and inquiries of my personal, employment, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed and my employment is terminated for any reason, I acknowledge that the company policy requires me to resubmit an application if I desire to be reemployed by The Micar Company.

In the event of employment, I understand that false or misleading information given in my application, physical examination, or interviews with the Micar Company officials or representatives, including but not limited to, the Micar Company Doctor and or the staff of the company doctor, may result in discharge. I understand also, that I am required to abide by all rules and regulations of the company, as permitted by law.

Date

Signature



EMPLOYMENT APPLICATION TERMS AND CONDITIONS

- 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 or during the health examination 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 inquiries 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 any 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 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. I understand that any false, omitted or misleading information submitted during the health exam will result in termination of my employment, even if the falsification, omission or misleading information is revealed after I have been hired and I have been working for the company.
- 9. Background Investigation.** We are required to advise you a routine inquiry may be made which you will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. You 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 investigation 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



1. We hire applicants solely based upon merit We do not unlawfully discriminate on the basis of union or non-union affiliation, race, sex, marital status, color, creed, religion, age, national origin, disability, or any other basis protected by law.
2. We generally accept job applications only when we have determined there are jobs 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.
3. Individuals that have previously been employed by Micar must submit a new application to be considered for reemployment. Old job applications will not be accepted for individuals attempting to be reemployed by Micar.
4. We do not accept group applications, and we accept only numbered originals of our application materials.
5. Any applicant who falsifies or omits information on the application, provides false, incomplete, or misleading material information during the application process will be disqualified from consideration for hire. If the individual has already been hired before the falsification or omission is discovered, their employment will be terminated.
6. We hire based on personal contact with individuals. We base our hiring decisions on a variety of factors including skills and ability to perform the job, prior employment with us, employment references, willingness to accept the offered salary, and personal interviews.
7. All employees are expected to be available to work and to work the hours appropriate for their employment status. It is the nature of our business that work may need to be done on a tight schedule. Just as the classification of an employee is not a guarantee of a certain number of hours of work, it is not a limitation on the number of hours for which an individual may be assigned. Work outside of the 'norm' may be assigned on a daily or weekly basis, and an employee is expected to work as assigned unless prior approval has been given or the Company is aware prior to the assignment of conditions which would preclude an individual being able to work. Full time employees are expected to be available for a 'regular' 40 hour per week schedule plus overtime as may be required by the company. Regular part time and temporary employees are expected to be available for the hours for which they committed to work at the time of hire. Our employees are prohibited from:
 - a. Working for or having an ownership interest in any other electrical or electrical controls contractor of any size or type or any organization involved in or with the electrical construction business (except that an employee may, with the approval of the Company, be an instructor in an apprenticeship or other training program in which the Company participates).
 - b. Company employees may not own (in whole or in part, directly or indirectly), manage, be a consultant to, or have any relationship with an electrical contracting business doing residential, commercial, industrial, or institutional work.
 - c. Due to the nature of the construction business, regular, full time employees of the Company are prohibited from being employed by any other entity or person while under our employment without the express prior approval of the Company. Even if such approval is given, the Company reserves the right to rescind such approval if, in our opinion, the additional outside employment is conflicting with the performance of or the availability for performance of duties for the Company.

Name (Please Print)

Social Security Number

Applicant Signature

Date