All-Phase Electric Company, Inc.
P.O. Box 773
Milledgeville, GA 31061
478-452-4118 Office
478-452-8505 Fax

Commercial & Industrial
Electrical Contractors

EMPLOYMENT APPLICATION

Date: __/__/____ Desired Position: _____

How did you find out about this position? _____

Name: _____

Address: _____

Hm Phone Number: _____ Cell#:_____

Driver's License / State Issued:_____

SSN#_____/ DOB: _____

Emergency Contact :_____

Address:_____

Home#_____/ Cell#_____

Desired Employment

Date you can start: ___/__/_____ Hourly Salary Desired: $_____

Are you currently employed? _____ Have you worked here before? _____

If yes, when: _____

Reason for Leaving:

Resigned_____ Laid-Off_____ Terminated_____

Education: GED_____ Diploma_____
High School: _____ Year Graduated: _____

Did you attend Trade School/ College? _____/ Name of School if

applies: _____/ Course of Study: _____

Diploma or Certification? _____

What qualifies you for a position with our company?

_____

Special Training or Skills? _____

Past Employment

Employer: _____/ PH#_____

Supervisor: _____/ Position:_____

Employed From: _____ to_____ Final Salary: $_____

Job Duties: _____

_____

Reason for leaving? Resigned_____ / Laid Off_____/ Terminated _____

Employer:_____/Ph#_____

Supervisor:_____/ Position:_____

Employed From: _____ to _____ Final Salary: $_____

Job Duties: _____

_____

Reason for Leaving? Resigned_____/ Laid off _____/ Terminated _____

Employer: _____/ Ph# _____

Supervisor: _____/ Position: _____

Employed From: _____ to _____ Final Salary: $ _____
Job Duties: _____

_____

Reason for Leaving? Resigned _____/ Laid Off ____/ Terminated _____

Are you a convicted Felon? _____ If yes, Please explain:

_____

_____

Military Branch of Service: _____/ Active? _____
Discharge Date? _____/ Rank: _____

References

References

Name	Ph#	Business	Years Known

Authorization

I certify that the facts contained in this application are true & complete to the best of my knowledge & understand that, if employed, falsified statements on this application shall be grounds for termination.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any & all information concerning my previous employment & any pertinent information that may have personal or otherwise & release the company from any and all liability for any damage that may result from utilization of such information.

I also understand & agree that no representative of the company has any authority to enter into agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing & signed by an authorized company representative.

_____

_____ _____

Signature Date

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AUTHORIZATION FOR MOTOR VEHICLE REPORT

The undersigned hereby authorizes **All-Phase Electric Company, Inc.** , and / or its insurance agency to obtain copies of motor vehicle reports pertaining to the undersigned for employment purposes and for use of rating and / or underwriting insurance for which employer may apply. I understand that obtaining such reports, an agency must be used and undersigned does hereby authorize such use.

Signature	Date
Printed Name	Date Of Birth
Social Security #	Driver's Lic. #/ Issuing State

Copy Of License

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Pre-Employment Drug Testing Consent and Release Form

Please read and initial each statement

I, _____hereby consent to urinalysis and/or other tests as shall be determined by All-Phase Electric Company, Inc. in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

____ I agree that a facility of the employers choice may collect these specimens for tests and may test or forward them to a testing lab designated by the company for analysis.

____ I further agree to and hereby authorize the release of the results of said test to All-Phase Electric Company, Inc.

____ I understand that it is the current use of illegal drugs that would prohibit me from being employed at All-Phase Electric Company, Inc.

____ I further agree to hold harmless All-Phase Electric Company, Inc. and its agents (including the above named medical group) from any liability arising in whole or part, out of collection of specimens, testing and use of the information from said testing in connection with All-Phase Electric Company, Inc.'s consideration in my employment.

____ I further agree that a reproduced copy of the pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Printed Name: _____ SS#_____

Signature:_____ Date:_____

Witness Printed Name: _____

Signature:_____ Date:_____

1. Statement of Present Health

How would you describe your level of present health? Excellent Good Fair Poor
Do you have a disability as defined under the Employment Equality Act or Disability Act? Yes No If yes, please specify:
Do you smoke? Yes No Qty smoked per day: ____
Do you drink alcohol? Yes No Qty of weekly intake: _____
Are you currently under the medical care of a doctor or hospital? Yes No
Please specify:
Are you currently on a waiting list for hospital treatment? Yes No
If so, please indicate the nature of the problem:
Are you currently required to wear glasses or contact lenses? Yes No
Do you have problems or have you had any problems in the past with any of the following: • Standing Yes No • Walking Yes No • Lifting Yes No • Bending Yes No • Moving your neck or back Yes No • Using your hands or elbows Yes No • Working at heights Yes No • Climbing stairs Yes No

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2. Past Medical History

Have you ever been denied a job on health grounds? Yes No Please specify:
Have you ever applied for or received compensation for a disease, accident or injury? Yes No Please specify:
Have you received care on an ongoing basis for a doctor or hospital in the past five years? Yes No Please specify:
Have you ever been absent from work due to illness/injury for a continuous period in excess of two weeks? Yes No Please specify:
Have you ever been treated or had counselling for alcohol or drug abuse? Yes No
Please specify:
Have you ever attended a manual handling course? Yes No When? _____
Have you ever worked in an environment which led to exposure to:
• Chemicals? Yes No • Excessive dust? Yes No • High levels of noise? Yes No
If so, please provide details:
Have you ever had or do you now suffer from any of the following:
• Lung/chest problems? *e.g. asthma, TB, pneumonia, bronchitis* Yes No
Please specify:
• Heart problems or circulatory disorders? *e.g. heart murmur, heart attack, high blood pressure* Yes No Please specify:
• Stomach/bowel/liver/gallbladder or pancreatic problems? Yes No Please specify:
• Kidney disorder? *e.g. Kidney stones/infections or kidney failure?* Yes No Please specify:
• Glandular problems? *e.g. diabetes or thyroid problem* Yes No Please specify:
• Disorders of the nervous system? e.*g. fits, blackouts, migraine, epilepsy, stroke* Yes No
Please specify:
• Psychiatric or mental health problems? *e.g. anxiety, depression, nervous breakdown, anorexia or attendance with a psychiatrist* Yes No Please specify:

• Have you ever suffered from a fatigue syndrome? *e.g. post viral fatigue, M.E., burnout etc.* Yes No Please specify:
• Eyes, ears, nose or throat problems? Yes No Please specify:
• Sexually transmitted or tropical diseases? Yes No Please specify:
• Neck or back trouble? *e.g. muscular problems, whiplash, disc prolapse* Yes No Please specify:
• Arthritis, joint problems, gout? Yes No Please specify:
• Work Related Upper Limb Disorder (WRULD) or Repetitive Strain Injury (RSI), tendonitis? Yes No Please specify:

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3. Noise Questionnaire:
Difficulty hearing? Yes No Please specify:
Buzzing noises (tinnitus) in your ears? Yes No Please specify:
The feeling that people were not speaking clearly? Yes No Please specify:
Difficulty hearing people in a crowded room? Yes No Please specify:
A head injury or blows to the head/ears? Yes No Please specify:

Have you previously received workers' compensation for an on-the-job injury? Yes No
Please Explain:

Declaration
I declare that the information I have given is true and complete to the best of my knowledge and that I have not withheld any material facts. I understand that I am responsible for the accuracy of my statements and that if I willfully suppress any information that I risk the loss of the appointment.

Signed:_____ **Date**_____

I understand that the purpose of this pre-employment medical is to establish the following:
• *that I am fit for the job*
• *that I can carry out the job without any undue risk to the health and safety of myself or others at work*
• *that my employer will have reasonable expectations that I will provide regular attendance at work until retirement*
I consent to an examination on behalf of ***All-Phase Electric Company, Inc.*** .

Signed: _____ **Date**_____

ELECTRICAL APTITUDE TEST

How many bends are allowed in a single run of conduit between junction boxes?

What is the color codes for a 480/277volt circuit?

How often is the NEC updated?

What does the acronym PPE stand for?

What is an electrical transformer?

Never approach a victim of an electrical injury until you _____.

What is the take up for 3/4" EMT?

What is the smallest size of copper conductor that can be used for lighting and power circuits in a commercial building?

Which of the following is a fraction between $^{1}/_{4}$ and $^{3}/_{4}$?

$^{1}/_{2}$	$^{1}/_{8}$	$^{7}/_{8}$	$3^{1}/_{4}$	$^{15}/_{16}$

Convert 12KΩ to Ω.

Solve the following math problems:

18.642 ÷ 0.02 = _____

10% of 44 = _____

¼ + ½ = _____

3.4×10^{-2} = _____

$2.00 + $21.34 + $8.23 = _____

5,218 – 178 = _____

34.56 / 10 = _____

3^{3} = _____

Round 34.5678 to the nearest Hundredth: _____

Round 425.8 to the nearest Tens: _____

Round 248 to the nearest Hundreds: _____

Label / identify as many items as you can: