



To be filled out by Company:  
 Date received: \_\_\_\_\_  
 Received by: \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

Ervin Cable Construction, LLC is an equal opportunity employer. Qualified applicants are considered for positions without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other factors protected by law. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to complete the application and/or interview process should notify the individual responsible for Human Resources.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Applications will be considered for vacancies, which arise during the 60-day period following submission. Applicants should complete an updated application if not contacted and/or hired during this 60-day evaluation period.

Please complete this form carefully, and in your own handwriting. Applicants should be extremely careful as they complete this application as any incomplete or inaccurate information discovered may result in disqualification of employment. If your answers or statements require additional space, please attach supplemental sheets containing your signature.

The Company is committed to maintaining a workplace free of the problems associated with drug and alcohol abuse. As such, all applicants are required to undergo testing as part of the pre-employment process. If you currently use illegal drugs, we suggest that you not complete the application process. A positive drug test will result in disqualification from employment or withdrawal of any employment offer.

**Position Sought:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Are you 18 years of age or older?**  Yes  No

First	Middle	Last	Contact Phone Number			
Are you legally authorized to work in the United States?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please provide the expiration date? _____						
<small>NOTE: New employees will be required to substantiate proof that they are eligible to work in the United States in compliance with the Immigration Reform and Control Act of 1986.</small>						
Present Address		City	State	Zip	From	To
Previous Addresses						
Position Desired?		How soon could you start work?		Salary expected:		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		Could you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No _____%				
How did you learn about the Company?			<input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> High School recruitment <input type="checkbox"/> Newspaper ad <input type="checkbox"/> College recruitment			
<input type="checkbox"/> Current Employee (Name: _____)			<input type="checkbox"/> Former Employee (Name: _____) <input type="checkbox"/> Other			
Have you ever worked for the Company, or a current or former subsidiary or affiliate?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please identify where, when and your reason for leaving:						
Are you related to any employee of the Company or any of its subsidiaries and/or affiliates?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, give that employee's name, your relationship and their department:						
Have you ever been convicted of, or plead guilty or nolo contendere to, theft, embezzlement or any felony charge?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If so, state date, court, and place where offense occurred:						
A criminal offense will not necessarily disqualify you from employment, but each offense will be evaluated based upon its nature, when the activity occurred and the type of position sought with the Company.						

**SHOW PRESENT AND PAST EMPLOYMENT, INCLUDING PART-TIME EMPLOYMENT:**

Employment Dates Month/Year	Employment	Salary		Duties	Position/Supervisor	Reason for Leaving
		Start	Final		Telephone Number	
From	Co. Name	\$ _____	\$ _____			
To	Address	Per _____				
	Type of Business					
From	Co. Name	\$ _____	\$ _____			
To	Address	Per _____				
	Type of Business					
From	Co. Name	\$ _____	\$ _____			
To	Address	Per _____				
	Type of Business					
From	Co. Name	\$ _____	\$ _____			
To	Address	Per _____				
	Type of Business					

**EXPLAIN ALL UNEMPLOYMENT INTERVALS EXCEEDING TWO WEEKS**

Dates	State your activities during this period	Can someone verify your activities during this period? If yes, please list name and current telephone number. If no, explain.

Does your present employer know of your plans to change employment?  
 Yes    No

Why do you desire to make a change?

**REFERENCES**

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION	YEARS KNOWN

Have you ever served in the U.S. Armed Services?  
 Yes    No

If so, what branch or branches?

Rank at time of discharge

**EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.**

NAME AND LOCATION	GRADUATED	
<b>HIGH SCHOOL</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>COLLEGE</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>GRADUATE</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>OTHER</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PROFESSIONAL LICENSE & ACTIVITIES** (Exclude organizations, the name or character of which indicates the race, creed, color, religion, gender, Disability or national origin of its members.)

Type of License	State / License #/Expiration	ACTIVITIES (Civic, athletic, fraternal, etc.)

Please summarize special skills, qualifications or experience which make you suitable for the position you seek

**APPLICANT'S STATEMENT**

- (A) In consideration for the Company's review of this application, I authorize investigation of all statements contained in this application. My cooperation includes authorizing the Company to conduct a post-offer, pre-employment drug screen and medical assessment, and when requested by the Company a consumer report that includes, but is not limited to a motor vehicle (where applicable) and criminal history examination. Additionally, I authorize the Company, in consideration for the Company's review of this application, to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal or proper interest.
- (B) As a candidate for employment, I realize that the Company requires information concerning my past work performance, background, and qualifications. Much of this information may only be supplied by my prior employers. In consideration for the Company evaluating my application, I request that the previous employers referenced above provide information to the Company's human resource representatives or designees concerning my work performance, my employment relationship, my qualifications, and my conduct while an employee of their organizations. Recognizing that this information is necessary for the Company to consider me for employment, I release these prior employers and waive any claims, which I may have against those employers for providing this information. I also recognize that if I include a current employer for verification, I may jeopardize my position within that company.
- (C) I acknowledge and agree that if at any time during the hiring process or during my employment I am subjected to any type of discrimination or harassment, I will contact the President of the Company immediately to obtain assistance in the resolution of such matters.
- (D) In recognition of the fact that any work related injuries which might be sustained by me may be covered by state Workers' Compensation statutes, and to avoid the circumvention of such statutes which may result from suits against the customers or clients of the Company based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of the Company for damages based upon injuries which are covered under such Workers' Compensation statutes, including claims based on the alleged negligence (whether active or passive) of such client or customer.
- (E) I understand that this application or anything said during the interview process is not a contract, offer, or promise of employment and that if hired; I will be able to resign at any time for any reason. Likewise, the Company can terminate my employment at any time with or without cause, unless otherwise required by law. I further understand that no one other than the President of the Company, or his/her pre-authorized designee, has the authority to enter into an employment contract or agreement with me, and that my at-will employment can be changed only by a written agreement signed by the President.
- (F) In the event of my employment with the Company, I will comply with all rules and regulations as set forth in the Company's policy manuals, other communications distributed to employees and company procedures. I understand and agree that my employment is for no definite period and that failure to comply with these standards may result in my termination at any time and without any previous notice.
- (G) I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that misrepresentation or omission of facts will result in disqualification from further consideration for hire or, if employed, my dismissal.
- (H) I hereby acknowledge that I have read the above statement and understand the same.

Application Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



## VOLUNTARY SELF-IDENTIFICATION FORM

Ervin Cable Construction, LLC is an equal employment opportunity employer. Applicants and employees are treated without regard to race, color, religion, sex, national origin, age, veteran status, disability or any other legally protected status. We comply with government regulations, including affirmative action responsibilities where they apply.

Various government agencies request statistical information regarding our hiring practices. Solely to help us comply with governmental recordkeeping and reporting, we invite you to voluntarily self-identify your gender and race/ethnicity. **Submission of this information is strictly voluntary and your refusal to provide it will not subject you to any adverse treatment.** The information you provide will be kept in a confidential file, separate from your application for employment, and will only be used in accordance with our reporting obligations. When reported, data will not identify any specific individual.

Position Applied For: \_\_\_\_\_

Please print your First and Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **CONFIDENTIAL – VOLUNTARY SURVEY**

Check ONE of the following Genders:

- Male       Female       Decline to Self-Identify

Are you Hispanic or Latino?      A person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.

- Yes       No       Decline to Self-Identify

If you answered "No" to the previous question, please select ONE of the following Race/Ethnic Groups:

- Black/African American (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa.
- Asian (Not Hispanic or Latino)** A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian/Alaska Native (Not Hispanic or Latino)** A person with origins in any of the original peoples of North and South America (including Central, and who maintain tribal affiliation or community recognition.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** A person with origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (Not Hispanic or Latino)** A person with origins in any of the original peoples of Europe, North Africa or the Middle East.
- Two or More Races (Not Hispanic or Latino)** All persons who identify with more than one of the above five races.
- Decline to Self-Identify**