

**Please Return Application To:
Triangle Electrical Services, Inc.
12085 US Highway 15-501 N
Chapel Hill, NC 27517
Phone: 919-929-8785
Fax: 919-929-8731**

Application for Employment

**Please review the following notice:
We are an equal opportunity employer. Applicants for all positions are considered without regard to race, color, ancestry, religion, sex, marital status, handicap, age, sexual preference or veteran status.**

Please request assistance if you have questions or need help completing this application.

Personal History – Please Print or Type

Today's Date: _____

Last Name

First Name

Middle Initial

Social Security Number

Address

City

State

Zip Code

Home Telephone Number

Work Telephone Number

May we contact you at work?

Email Address

Are you eligible to work under U.S. immigration laws? YES _____ NO _____

Are you on layoff and subject to recall? YES _____ NO _____

Please note: If you are hired, you will be required to submit proof of citizenship or legal right to work in the U.S.

If employed and you are under 18, can you furnish a work permit? YES _____ NO _____

Position Desired

Date Available

Desired Salary

Are you willing to work overtime? YES _____ NO _____

Referred by: _____

Are you a licensed electrician? YES _____ NO _____

If so, in what state(s)? _____ License # _____

Education	Name & Location	Last Year Completed	Graduate	Subjects Studied & Degrees Received
Grammar School			Yes	
			No	
High School			Yes	
			No	
College			Yes	
			No	
Trade, Business or Correspondence School			Yes	
			No	

Military:

Do/Did you serve in the military? YES _____ NO _____

Prefer to not disclose _____

If so, what branch? _____ Dates of Service _____

Skills acquired and Duties performed during military service:

Employment History

Notice to all applicants: Any verified work performed on a voluntary basis may be included in your employment history.

Name & Address of Employer (List most recent first)	Dates Employed, Month and Year	Position(s)	Wages	Reason for Leaving	May we contact this employer today?
1.	From: To:			Phone # of Supervisor:	
2.	From: To:			Phone # of Supervisor:	
3.	From: To:			Phone # of Supervisor:	
4.	From: To:			Phone # of Supervisor:	

5.	From:			Phone # of Supervisor:	
	To:				

Work Related Skills & Experience:

Special training or skills (for example: machines, foreign languages, etc.):

State any additional information you feel may be helpful to us in considering your application.

In case of emergency, please notify:

Name	Address	Phone number
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References



Please list three (3) professional references with whom you are not related.

1.

Name	Association to you
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Company Name	Address
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Business Phone Number	Home Phone Number
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2.

Name	Association to you
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Company Name	Address
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Business Phone Number	Home Phone Number
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3.

Name	Association to you
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Company Name

Address

Business Phone Number

Home Phone Number

Do you have any physical limitation that might affect your ability to safely perform the essential functions of the job for which you are applying?

Yes _____ No _____ Prefer to not disclose _____

All applicants will be required to submit to a medical examination if and when the applicant is offered a position of employment with Triangle Electrical Services, Inc. No medical examination will be required unless an offer of employment is made to the applicant. Any and all offers of employment will be contingent on passing the medical examination. All medical examinations are conducted in compliance with the Americans with Disabilities Act (“ADA”).

Applicant Acknowledgment & Signature

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 Triangle Electrical Services, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Triangle Electrical Services, Inc. (referred to also as the “Employer”) from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for termination.

I understand that should an offer of employment be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations, or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at-will and that either me or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant

Date

Employer To Complete
Past Employment Verification Form

To Whom It May Concern:

The applicant named below is being considered for employment as a(n) _____ with our company. The applicant has listed you or your organization as a former place of employment. In accordance with the release signed by the applicant below, please provide the information requested and return this form to us via facsimile.

Sincerely,

Name of Applicant: _____

Name of Employer: _____

Applicant's Authorization

I hereby authorize the above individual, company, or institution to furnish Triangle Electrical Services, Inc. with any information it may have concerning what is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected with, including Triangle Electrical Services, Inc., from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

Signature of applicant

Record of Employment

Date(s) of Employment: _____

Position(s) Held: _____

Reason Employment Ended:

Please rate the applicant in each of the following areas:

Job Skill	Excellent	Good	Average	Below Avg.	Poor
Initiative	Excellent	Good	Average	Below Avg.	Poor
Attendance	Excellent	Good	Average	Below Avg.	Poor
Conduct	Excellent	Good	Average	Below Avg.	Poor

Would you rehire Applicant? YES NO

Signature

Title

Date

****Please Sign & Provide Accurate Information****

BACKGROUND CHECKS

Triangle Electrical Services, Inc. requests background checks on all applicants prior to giving an offer of employment and reserves the right to do so periodically throughout one's employment. All consumer credit reports and criminal background checks are conducted pursuant to state and federal laws and guidelines. In order to complete this application for employment, you must authorize each requested background check in the respective sections. **FAILURE TO AUTHORIZE EACH BACKGROUND CHECK WILL DEEM THIS APPLICATION INCOMPLETE.**

SIGNING THE FOLLOWING AUTHORIZATIONS DOES NOT CREATE A CONTRACT FOR EMPLOYMENT OR OTHERWISE CHANGE THE AT-WILL STATUS OF ANY EMPLOYEE(S) OR APPLICANTS OF TRIANGLE ELECTRICAL SERVICES, INC.

[CONTINUED ON NEXT PAGE]

CONSENT TO PROCUREMENT OF CONSUMER REPORT

I understand that, as a condition of my consideration for employment with Triangle Electrical Services, Inc. (“TES”), or as a condition of my continued employment with TES, TES may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records, and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics, and trustworthiness.

I hereby authorize and consent to TES’s procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act (“FCRA”), TES will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with TES. I further understand that such a report will be made available to me prior to any decision being made, along with the name and address of the reporting agency that produced the report.

Applicant or Employee’s Email Address
(For Copy of Consumer Report)

Applicant or Employee’s Date of Birth

Signature of Applicant or Employee

Date

Printed Name of Applicant or Employee

FOR HUMAN RESOURCES: Maintain the original signed authorizations. Provide each applicant or employee with a copy for his or her personal records.

CONSENT TO SUBMIT TO A CONTROLLED SUBSTANCE TEST

Triangle Electrical Services, Inc. (“TES”), requires all applicants for employment to submit to a controlled substance test. Employees of TES may be subject to random controlled substance testing during the course of their employment and scheduled controlled substance testing when and if reasonable suspicion of substance use or abuse is identified. Please refer to the TES Controlled Substance Policy for more information about our policy on controlled substance testing. **ALL CONTROLLED SUBSTANCE TESTING IS CONDUCTED PURSUANT TO THE NORTH CAROLINA CONTROLLED SUBSTANCE EXAMINATION REGULATION ACT.**

By signing below, I acknowledge my understanding that controlled substance testing may be conducted as consideration for my employment with TES or as a condition of my continued employment with TES. I hereby consent to participate in pre-employment and post-employment controlled substance testing as required by TES.

Signature of Applicant or Employee

Date

Printed Name of Applicant or Employee

FOR HUMAN RESOURCES: Maintain the original signed authorizations. Provide each applicant or employee with a copy for his or her personal records.