



Industrial Contractors, Inc

706-356-7056 (phone) • 706- 356-7061 (fax)
 1400 Gerrard Road – PO Box 458
 Lavonia, GA 30553
www.prolectric.com

Application for Employment

(Must be 18 years of age or older to apply)

This Employer Participates in E-Verify



We consider applicants for all positions without regard to race, color, religion, creed, gender/sex, national origin, age, disability, marital, veteran/military status, or any other legally protected status.

Send completed application to: (Resume may be attached to completed application)

| | | | |
|-----------------------------------|------------------------------|--|--|
| Email hr@prolectric.com | Fax (706) 356-7061 | Mail PO Box 458 Lavonia, GA 30553 | In Person 1400 Gerrard Road Lavonia, GA 30553 |
|-----------------------------------|------------------------------|--|--|

EMPLOYMENT APPLICATION

| | | | |
|----------------------------------|---------------------------------|---|--|
| Position(s) Applied For: | | Date of Application: | |
| How Did You Learn About Us? | | | |
| <input type="checkbox"/> Website | <input type="checkbox"/> Friend | <input type="checkbox"/> Relative | <input type="checkbox"/> Employment Agency |
| | | <input type="checkbox"/> Direct Inquiry | <input type="checkbox"/> Other |
| Referred By: | | | |
| First Name | Middle Initial | Last Name | |
| Address | City | State | Zip Code |
| Home Phone Number | Mobile Phone Number | Email Address | |

| | | | | | | |
|--|-------------------|--------------------------|--------------------------|------------------------------|-----------------------------|--------------------------|
| Best time and phone number to contact you is: | Home Phone Number | AM | PM | Mobile Phone Number | AM | PM |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever submitted an application with us before? If yes, give date: | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Have you ever been employed with us before? If yes, give date and position: | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are you currently employed? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| May we contact your present employer? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

| | | | | | |
|--|------------------------------------|------------------------------------|------------------------------------|--|--|
| Date available for work: | What is your desired salary range: | | | | |
| Are you available to work? | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | <input type="checkbox"/> Temporary | | |
| If Temporary, give dates available: | - | | | | |
| Will you work overtime if required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Will you travel if required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Are you currently on "lay-off" status and subject to recall? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Have you entered into an agreement with any former employer, present employer, or other party that might, in any way, restrict your ability to work for our Company? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| If yes, please explain below: | | | | | |

| | | | | | |
|--|------------------------------|-----------------------------|--|--|--|
| Note to Applicants: | | | | | |
| DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. | | | | | |
| A review of the activities involved in such a job or occupation has been given. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

| EDUCATION | | | | |
|--|----------------|-----------------|-----------------|----------------|
| School | Name & Address | Course of Study | Years Completed | Diploma/Degree |
| High School | | | | |
| College | | | | |
| | | | | |
| Graduate/Professional | | | | |
| | | | | |
| Vocational Training | | | | |
| | | | | |
| Continuing Education | | | | |
| | | | | |
| | | | | |
| Special Training, Skills, License(s) | | | | |
| Additional Information (state any additional information you feel may be helpful in considering your application) | | | | |
| | | | | |
| | | | | |
| | | | | |

| REFERENCES - Business/Work Related (list three business/work references who are not related to you) | | | | |
|---|------------|-------|--------------|---|
| Name | Occupation | Title | Phone Number | Best Time to Call |
| | | | | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| | | | | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| | | | | <input type="checkbox"/> AM <input type="checkbox"/> PM |

| REFERENCES - Personal (list three personal references who are not related to you) | | | | |
|---|-------------|--------------|-----------------------------|-----------------------------|
| Name | Years Known | Phone Number | Best Time to Call | |
| | | | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| | | | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| | | | <input type="checkbox"/> AM | <input type="checkbox"/> PM |

| EMPLOYMENT EXPERIENCE | | | |
|---|---------------|--------------------------------------|---------------|
| Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected statuses. | | | |
| Employer: | | (Dates Employed) | |
| Address: | | From | To |
| Telephone Number: | | | |
| Supervisor's name: | Phone Number: | (Hourly Rate/Salary) | |
| Worked Performed: | | Starting | Final |
| | | (Starting/Present Job Titles) | |
| Reason for Leaving: | | Starting | Present/Final |
| | | | |
| May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|---|---------------|--------------------------------------|----------------------|
| Employer: | | (Dates Employed) | |
| Address: | | <u>From</u> | <u>To</u> |
| Telephone Number: | | | |
| Supervisor's name: | Phone Number: | (Hourly Rate/Salary) | |
| Worked Performed: | | <u>Starting</u> | <u>Final</u> |
| | | | |
| | | (Starting/Present Job Titles) | |
| Reason for Leaving: | | <u>Starting</u> | <u>Present/Final</u> |
| | | | |
| May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Employer: | | (Dates Employed) | |
| Address: | | <u>From</u> | <u>To</u> |
| Telephone Number: | | | |
| Supervisor's name: | Phone Number: | (Hourly Rate/Salary) | |
| Worked Performed: | | <u>Starting</u> | <u>Final</u> |
| | | | |
| | | (Starting/Present Job Titles) | |
| Reason for Leaving: | | <u>Starting</u> | <u>Present/Final</u> |
| | | | |
| May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | |
|--|-------|
| Applicant's Statement | |
| <p>I certify that all the information submitted by me on this application or by interview(s) is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, this may result in my dismissal.</p> <p>I authorize the employer to make an investigation of any of the facts/statements contained in this application for employment and release the employer from any liability.</p> <p>I understand that this application for employment shall be considered active for a period of 45 days. At the end of that time, if I have not heard from the employer and still wish to be considered for employment, I should inquire as to whether applications are being accepted at that time.</p> <p>I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.</p> <p>I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.</p> <p>This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, veteran/military status, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.</p> | |
| Applicant's signature: | Date: |