



*Electrical Design and Contracting*

*1625 Eastgate Parkway • Gahanna, Ohio 43230 • Ph. (614) 577-1188 • Fax (614) 577-1106*

*"THE CONNECTION FOR ALL YOUR ELECTRICAL NEEDS."*

Dear Applicant,

Attached please find an application for employment for Electric Solutions Inc. We have contracted with HR Butler to administrate our HR process in order to offer the best benefits possible at an affordable cost to our employees.

Electric Solutions Inc. and HR Butler work together to screen applicants for employment which may include a formal background check and assist the employee to manage their individual benefits throughout their employment.

**Please be advised that Electric Solutions Inc. is a "DRUG FREE WORKPLACE" and pre-employment testing is a requirement for employment for this company.**

Please complete the attached application for employment and disclosure form and return to:

Electric Solutions Inc.

1625 Eastgate Parkway

Gahanna, Ohio 43230

Attn: Doug Galiardi

Should you have any questions regarding the completion of this form please don't hesitate to contact me at 614-577-1188 X201.

Thank you,

Doug Galiardi

President



List all former and current employers in reverse order. Give present or most recent employer first. Include any periods of unemployment, self-employment, military service, etc. Information provided is subject to verification. Attach additional sheets if necessary.

May we contact your present employer?  Yes  No

<p><b>(1)</b></p> <p>Company Name: _____ Position held/Title: _____</p> <p>Address: _____ City _____ State _____ Zip _____</p> <p>Dates employed, from: ____/____/____ to: ____/____/____</p> <p>Supervisor's Name: _____ Title: _____ Phone Number: _____</p> <p>Starting rate of pay: \$ _____ per _____ Last rate of pay: \$ _____ per _____</p> <p>Responsibilities: _____</p> <p>Reason for leaving: _____</p> <p>If time elapsed between positions, please explain: _____</p> <p><b>(2)</b></p> <p>Company Name: _____ Position held/Title: _____</p> <p>Address: _____ City _____ State _____ Zip _____</p> <p>Dates employed, from: ____/____/____ to: ____/____/____</p> <p>Supervisor's Name: _____ Title: _____ Phone Number: _____</p> <p>Starting rate of pay: \$ _____ per _____ Last rate of pay: \$ _____ per _____</p> <p>Responsibilities: _____</p> <p>Reason for leaving: _____</p> <p>If time elapsed between positions, please explain: _____</p> <p><b>(3)</b></p> <p>Company Name: _____ Position held/Title: _____</p> <p>Address: _____ City _____ State _____ Zip _____</p> <p>Dates employed, from: ____/____/____ to: ____/____/____</p> <p>Supervisor's Name: _____ Title: _____ Phone Number: _____</p> <p>Starting rate of pay: \$ _____ per _____ Last rate of pay: \$ _____ per _____</p> <p>Responsibilities: _____</p>
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**READ CAREFULLY BEFORE SIGNING**

I hereby certify, to the best of my knowledge, that the answers given are true and complete. I also understand that an omission or falsification may disqualify me from consideration for employment or may be grounds for my immediate dismissal. I agree to conform to the rules and regulations of the company and, if employed, I understand and agree that my employment is at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause and with or without advance notice at the option of either the company or myself.

I understand that no supervisor, manager or other representative of the company has any authority to enter into any express or implied contract for employment for any specific period of time. Any agreement contrary to the above must be in writing and expressly state that it is a contract and be signed by the authorized representative of the company. I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position will prevent my employment with the company. I also understand that employment, for certain positions, is conditional upon successful completion of a substance abuse screening test as part of the company's pre-employment policy.

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

(Applicant's Signature)



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**Disclosure**

In connection with your application for employment or current status as an employee with Electric Solutions, Inc. a background check may be requested from a Consumer Reporting or Investigative Reporting agency.

If you are hired or have already been hired at various times throughout your employment Electric Solutions, Inc. can obtain a Consumer Report or Investigative Report update about you prepared by a Consumer Reporting or Investigative Reporting agency.

The reports may contain the following information:

- Personal References
- Names, dates and salary of previous employers
- Reasons for termination of employment
- Work experience and job related data
- Driving record, including citations, convictions and accidents
- Workers' compensation claims
- Credit and/or bankruptcy proceedings
- Criminal arrests and/or convictions, wants and/or warrants

This may include information on my past employment and education, criminal records, wants and warrants, credit history, motor vehicle records, personal references and other job related data. Information may be obtained through personal interviews of neighbors, friends, or other with whom you are associated or acquainted. This inquiry includes, where appropriate, information regarding your character, general reputation, personal characteristics, mode of living and drug testing in accordance with company policy.

*Electric Solutions Inc.* utilizes the services of Validex, LLC or a consumer reporting agency of our choice, to obtain a consumer report or an investigative consumer report with the above information and I authorize *Electric Solutions Inc.* to do so. I understand I have the right to request within a reasonable period of time to receive additional information about the nature and scope of the investigation. I request and authorize the appropriate individuals, companies, institutions, or agencies to release information to Validex, LLC or a consumer reporting agency of our choice, and to *Electric Solutions Inc.* and I release them from any liability as a result of such inquiries or disclosures. I also release *Electric Solutions Inc.* and Validex, LLC or the consumer reporting agency of our choice, from any and all liability with respect to the release or dissemination of any such information. I understand and agree that my employment, promotion, or retention may be determined in whole or in part based on the reports issued to *Electric Solutions Inc.*

**Authorization**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Ongoing Authorization**

I hereby authorize Electric Solutions, Inc. to obtain Consumer reports or Investigative reports at any time during my employment.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date