



APPLICATION FOR EMPLOYMENT (Please Print Clearly)

UTILITY RESOURCE GROUP, LLC

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This Company and its affiliates (the "Employer") is an equal opportunity employer and does not discriminate against otherwise qualified employees or applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status. All activities relating to employment including recruitment, testing, selection, promotion, training and termination shall be conducted in a nondiscriminatory manner. The Employer cooperates fully with all organizations that are established and organized to promote Equal Employment Opportunity.

Internal Use Only

EEO Job Category:

- 1 Officials/Manager 2 Professionals 3 Technicians 4 Sales 5 Office/Clerical
 6 Craft Workers 7 Operatives 8 Laborers 9 Service Workers

Vacation Accrual: _____

Sick Accrual: _____

WC Code: _____

Company ID# _____

Date Received: _____

Initials: _____

Employer Portion (This section to be completed by the employer)

Company Name: _____

Employee's Job Title: _____

Department: _____

Hire Date: _____

Date Employee Begins Work: _____

Pay Rate: _____

Per: _____

Standard Hrs/Pay Period: _____

Primary Pay Type (Check only one):

- Hourly Salaried Exempt Salaried Non-Exempt Commission Piecework Other:

Employee Works:

- Full Time Part Time

Authorizing Signature: _____

Date: _____

Title: _____

Employee Portion (This section to be completed by applicant)

I. General Information

Name (Last, Middle, First): _____

Social Security Number: _____

Address /Apt# /P.O. Box: _____

County: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Email Address: _____

Emergency Contact Name /Relationship: _____

Phone Number: _____

Are you legally eligible for employment in the United States? Yes No

If offered employment, you will be required to provide documentation to verify eligibility.

Have you ever been convicted of a criminal offense? () Yes () No
 If yes, please explain including date and nature of conviction. (A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of crime, and rehabilitation will be considered.)

Are you able to perform all the essential function and duties required of the position for which you are applying, with or without reasonable accommodation? () Yes () No

If under age 18, please state your age, _____ and attach work permit.

II. Employment History

Date (Month & Year)	Present Employer's Name Address & Phone No.	Supervisor's Name And Title	Position / Duties	Salary (starting and ending)
Start				-----
End				

Reason for Leaving: () Resigned () Discharged () Laid Off () Other: _____

Date (Month & Year)	Employer's Name Address & Phone No.	Supervisor's Name And Title	Position / Duties	Salary (starting and ending)
Start				-----
End				

Reason for Leaving: () Resigned () Discharged () Laid Off () Other: _____

Date (Month & Year)	Employer's Name Address & Phone No.	Supervisor's Name And Title	Position / Duties	Salary (starting and ending)
Start				-----
End				

Reason for Leaving: () Resigned () Discharged () Laid Off () Other: _____

May we contact the employers listed above? () Yes () No If no, please explain why?

III. Education

High School Attended:

Name: _____ Address (City, State): _____

Grade of Completion: _____ Dates Attended: Start: (Month/year) _____ Ended: (Month/year) _____

College or Trade School Attended:

Name: _____ Address (City, State): _____

Degree or Diploma: _____ Dates Attended: Start: (Month/year) _____ Ended: (Month/year) _____

IV. Residential Address History

Please provide your addresses for the last seven (7) years.

1. Street Address: _____

City: _____ **County:** _____

State: _____ **Zip Code:** _____

Dates of Residence: To: _____ **From:** _____

2. Street Address: _____

City: _____ **County:** _____

State: _____ **Zip Code:** _____

Dates of Residence: To: _____ **From:** _____

3. Street Address: _____

City: _____ **County:** _____

State: _____ **Zip Code:** _____

Dates of Residence: To: _____ **From:** _____

4. Street Address: _____

City: _____ **County:** _____

State: _____ **Zip Code:** _____

Dates of Residence: To: _____ **From:** _____

5. 1. Street Address: _____

City: _____ **County:** _____

State: _____ **Zip Code:** _____

Dates of Residence: To: _____ **From:** _____

6. Street Address: _____

City: _____ **County:** _____

State: _____ **Zip Code:** _____

Dates of Residence: To: _____ **From:** _____

V. Authorization and Understanding

PLEASE SIGN THIS APPLICATION AND READ THE FOLLOWING STATEMENTS CAREFULLY.

A. Authorizations: My answers are complete and true to the best of my knowledge and belief. I acknowledge that any false statement or omission in answering the above questions may result in the rejection of my application or can result in immediate discharge and/or the termination of employment. I hereby release employer, previous employers, and all persons contacted from any and all liability for damages incurred while verifying the accuracy of the lawful information provided. In consideration of my employment, I agree to abide by all Employer and client rules and regulations. I acknowledge that, if employed, unless my employment becomes subject to a collective bargaining agreement, my employment and compensation will be at the will of Employer and can be terminated, with or without cause, and with or without notice, at any time, at the option of either Employer or myself. .

B. Workers' Compensation Claims: I shall report all work-related injuries and/or illnesses to the Employer as soon as possible following the incident. I understand that the processing of such claims will be done by the Employer's workers' compensation insurance carrier and that any compensation due to me shall be paid by Employer's workers' compensation insurance carrier.

C. Trade Secrets: The term "Confidential Information" means all information belonging to or used by Employer or its clients related to internal operations, procedures and policies, business strategies, pricing, billing information, personnel information, customer contacts, sales information, employee lists, technology, software source codes, programs, costs, marketing plans, developmental plans, computer programs and system, security systems, and all other plans, proprietary information and trade secrets of every kind and character. Confidential information is the exclusive property of Employer and/or its clients. By virtue of being employed by Employer, certain confidential information has been and will be disclosed to me. These disclosures are made solely to assist me in the performance of my responsibilities. My right to use confidential information, and the extent thereof, is at Employer's sole discretion and such rights shall expire immediately upon the termination of my employment. I shall not, either during or after my employment with Employer, disclose any confidential information for any reason or purpose contrary to the interest of Employer or the client to which I am assigned. Upon termination of employment, I shall immediately return all property in my possession relating to Employer or the client's business.

D. Background Checks, Drug Testing and Physical Examinations: I understand that if my employment requires additional pre-employment criteria, such as a driver's records check, a background investigation, and/or a pre-employment drug test, and if I have been offered or started employment before any such investigation or test is completed, my employment, or continued employment, will be contingent on satisfactory results on all. It is Employer's policy to maintain a work place that is free from the effects of both legal and illegal drug and/or alcohol abuse. Employer may require drug testing of job applicants and employees. I understand a drug test may be required prior to employment, and based upon reasonable suspicion and/or a work-related accident during my employment. Refusal to take, altering the results of, or failing the drug test will disqualify me from consideration or continuation of employment. I also acknowledge that, if hired, I may be required to submit to medical /physical examinations when job related and consistent with business necessity.

I have read each section of the agreement and I accept the terms and conditions described.

X
Applicants Signature

Date of Signature