



## APPLICATION FOR MEMBERSHIP IN THE PARTNERSHIP

I understand that the information provided may be reviewed and my qualification considered for possible non-managing membership, hereinafter called "Membership", now or in the future. If 1<sup>st</sup> Electric finds that my qualifications and employment background match an opening, and an offer of Membership is made, I will be required to complete additional Membership paperwork, including but not limited to an Operating Agreement. I understand that any misrepresentation, or falsification or omission on this or any other document shall be sufficient reason for refusal or rescission of an offer of Membership.

### NEATLY PRINT OR TYPE

LAST NAME _____	FIRST NAME _____	MI _____
SOCIAL SECURITY # _____		DATE OF APPLICATION _____
ADDRESS _____		APT/BLDG# _____
CITY _____	STATE _____	ZIP _____ COUNTY _____
HOME PHONE (_____) _____		BEST TIME TO CALL – AM _____ PM _____
CELL PHONE (_____) _____		BEST TIME TO CALL – AM _____ PM _____
EMAIL ADDRESS _____		
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF ELECTRICAL WORK WITHOUT ACCOMMODATIONS?		
<input type="checkbox"/> WITHOUT ACCOMMODATION <input type="checkbox"/> WITH ACCOMMODATION (INDICATE ACCOMMODATION(S) REQUIRED)		
_____		

DRIVER'S LICENSE NUMBER _____	STATE _____
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES PLEASE EXPLAIN)	
_____	
DO YOU SPEAK FLUENT ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> SOME <input type="checkbox"/> NO <input type="checkbox"/> OTHERS (SPECIFY)	
_____	

EDUCATION LEVEL AND TRAINING – ALL THAT APPLY	
<input type="checkbox"/> HIGH SCHOOL	_____
<input type="checkbox"/> TRADE SCHOOL (SPECIFY)	_____
<input type="checkbox"/> SOME COLLEGE (SPECIFY)	_____
<input type="checkbox"/> COLLEGE GRADUATE (SPECIFY)	_____
<input type="checkbox"/> APPRENTICESHIP TRAINING SCHOOL (SPECIFY)	_____
<input type="checkbox"/> NATIONAL ELECTRICAL CODE CLASSES (SPECIFY)	_____
<input type="checkbox"/> EXAM PREPARATION CLASSES (SPECIFY)	_____
<input type="checkbox"/> OTHER PLEASE SPECIFY	_____



## APPLICATION FOR MEMBERSHIP IN THE PARTNERSHIP

### WORK HISTORY

COMPANY \_\_\_\_\_ START DATE \_\_\_\_\_

POSITION(S) \_\_\_\_\_

DURATION \_\_\_\_ YEARS \_\_\_\_ MONTHS SALARY \_\_\_\_\_ HOURLY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_  
.....

COMPANY \_\_\_\_\_ START DATE \_\_\_\_\_

POSITION(S) \_\_\_\_\_

DURATION \_\_\_\_ YEARS \_\_\_\_ MONTHS SALARY \_\_\_\_\_ HOURLY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_  
.....

COMPANY \_\_\_\_\_ START DATE \_\_\_\_\_

POSITION(S) \_\_\_\_\_

DURATION \_\_\_\_ YEARS \_\_\_\_ MONTHS SALARY \_\_\_\_\_ HOURLY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_  
.....

COMPANY \_\_\_\_\_ START DATE \_\_\_\_\_

POSITION(S) \_\_\_\_\_

DURATION \_\_\_\_ YEARS \_\_\_\_ MONTHS SALARY \_\_\_\_\_ HOURLY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_  
.....

TOTAL EXPERIENCE DOING ELECTRICAL WORK \_\_\_\_ YEARS \_\_\_\_ MONTHS

EXPERIENCE DOING ELECTRICAL SERVICE WORK \_\_\_\_ YEARS \_\_\_\_ MONTHS

MANAGEMENT EXPERIENCE \_\_\_\_ YEARS \_\_\_\_ MONTHS

OTHER CONSTRUCTION OR BUSINESS \_\_\_\_\_



## APPLICATION FOR MEMBERSHIP IN THE PARTNERSHIP

### COMPUTER EXPERIENCE

ON A SCALE FROM 1 TO 10 WITH 1 BEING NO EXPERIENCE AT ALL AND 10 BEING AN EXPERT, RATE YOUR COMPUTER EXPERIENCE IN THE FOLLOWING AREAS:

\_\_\_\_ MICROSOFT OPERATING SYSTEMS \_\_\_\_XP, \_\_\_\_2000, \_\_\_\_VISTA

\_\_\_\_ MICROSOFT WORD

\_\_\_\_ MICROSOFT EXCEL

\_\_\_\_ MICROSOFT ACCESS

\_\_\_\_ MICROSOFT OFFICE SUITE

\_\_\_\_ MICROSOFT OUTLOOK \_\_\_\_ OUTLOOK EXPRESS

\_\_\_\_ EMAIL (SPECIFY) \_\_\_\_\_

\_\_\_\_ WEB BROWSING

\_\_\_\_ WEB DESIGN (SPECIFY) \_\_\_\_\_

\_\_\_\_ INSTALLING SOFTWARE

\_\_\_\_ INSTALLING HARDWARE

\_\_\_\_ ACCOUNTING (SPECIFY) \_\_\_\_\_

\_\_\_\_ ESTIMATING (SPECIFY) \_\_\_\_\_

\_\_\_\_ CAD (SPECIFY) \_\_\_\_\_

ANY OTHERS NOT LISTED, ANY CLASSES TAKEN, OR ADDITIONAL INFORMATION

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# APPLICATION FOR MEMBERSHIP IN THE PARTNERSHIP

## INFORMATION FOR WORKER'S COMPENSATION AND HEALTH INSURANCE

HAVE YOU EVER HAD A WORK RELATED INJURY \_\_\_\_ YES \_\_\_\_ NO  
(EXPLAIN IN DETAIL AND GIVE DATES)

CHECK ANY OF THE FOLLOWING CONDITIONS OR DISEASES YOU HAVE HAD

- REPETITIVE STRESS TRAUMA
- EPILEPSY
- DIABETES
- CARDIAC DISEASE OF HEART CONDITION
- KNEE INJURY
- NARCOLEPSY
- ALCOHOLISM
- DRUG ADDICTION
- MAJOR ILLNESS IN THE PAST FIVE YEARS
- BACK OR NECK PROBLEMS
- OTHER EXISTING CONDITIONS

(ADDITIONAL INFORMATION)

I CERTIFY THAT ALL ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND GIVE PERMISSION TO 1<sup>ST</sup> ELECTRIC OR ITS DESIGNATED REPRESENTATIVE TO CHECK AND OR VERIFY THE INFORMATION PROVIDED ABOVE, INCLUDING BACKGROUND AND FINANCIAL RESPONSIBILITY.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

Email to: [Roy@1st-electric.com](mailto:Roy@1st-electric.com) or Fax to: (866) 755-3966

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