

DYKMAN
Employment Application



APPLICANT INFORMATION											
Last Name					First			M.I.	Date		
Street Address							Apartment/Unit #				
City				State			ZIP				
Phone				E-mail Address							
Date Available				Position Applied For				Desired Salary			
Have you been suspended, placed on probation, terminated or asked to resign?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain						
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you ever worked for this company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If so, when?						
EDUCATION											
High School					Address						
Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree						
College					Address						
Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree						
Other					Address						
Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree						
REFERENCES											
Please list three professional references.											
Full Name					Relationship						
Company					Phone						
Full Name					Relationship						
Company					Phone						
Full Name					Relationship						
Company					Phone						
Were you referred by a Dykman Employee:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, who:						

PREVIOUS EMPLOYMENT

Company					Phone					
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Company					Phone					
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Company					Phone					
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature					Date		
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Application Authorization and Release

Dykman Electrical Inc thanks you for your employment application. To be considered for employment, all applicants are required to authorize Dykman Electrical Inc. or its agent(s) to conduct a pre-employment background investigation and a drug/ alcohol test on them.

PLEASE READ THIS DOCUMENT CAREFULLY. By signing this document, you will be consenting to and authorizing Dykman Electrical Inc. to conduct a complete background investigation on you including, but not limited to, your education, employment/work history, driving/motor vehicle record, professional license(s) and /or certification(s), and criminal record, if applicable. Your signature on this document will also authorize any person or entity to provide such background information about you to Dykman Electrical Inc.

By signing this document, you are authorizing Dykman Electrical Inc. and/or its agents to conduct a drug/alcohol test on you. You are also releasing Dykman Electrical Inc. and its agents from any claims arising out of any background check and/or drug/alcohol test that may be conducted on you.. You are also releasing any claims you may have at anytime against any person, school, employer, or former employer, or any entity arising as a result of any such entity's providing information about you pursuant to said background check or arising out of the performance of an alcohol or drug test on you.

Authorization and Release

I, the undersigned do certify that the information I have provided to Dykman Electrical Inc. for purposes of being considered for employment, is true and complete to the best of my knowledge. I understand that any false or misleading statements or information furnished by me on the application form(s) or in connection with my application for employment may result in the rejection of the applicator or termination of employment.

I, the undersigned, hereby voluntarily authorize Dykman Electrical Inc. to obtain consumer reports about me from a "consumer reporting agency" designated by Dykman Electrical Inc., and to consider the information learned in the "consumer reports" when making decisions regarding my employment at Dykman Electrical Inc. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed in the attached Fair Credit Reporting Act Disclosure.

I, the undersigned, authorize Dykman Electrical Inc. and /or its agents: (a) to conduct now, or at any time during my employment, a verification of my education, my previous employment/work history, my professional license(s) and/or certifications(s); (b) to perform a drug/alcohol test on me; (c) to contact my personal references; (d) to obtain my driving/motor vehicle record, and (e) to obtain any criminal history information about me that may exist. I understand that should I be offered a position at Dykman Electrical, employment is at will and could be terminated at any time by me or Dykman Electrical.

I, the undersigned, authorize and request any present or former employer, school, police department, financial institution, or other organizations or persons having information about me to furnish Dykman Electrical Inc. or its agents with any and all information in their possession regarding me in connection with my application for employment. I release all such agencies, institutions, organizations, persons, schools, current and former employer(s), and/or other entities providing such information from any and all claims and damages of any kind that arise out of the disclosure of this information.

I, the undersigned, understand that, according to the Fair Credit Reporting Act, I am entitled to know if employment was denied to me or other adverse action taken with respect to my employment based upon information obtained by Dykman Electrical Inc. Human Resource Department, a disclosure of my consumer report may be provided to me.

I, the undersigned, agree that a photocopy of this authorization maybe accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who maybe provide information based upon this authorized request. I understand that this authorization is to be part of my employment application.

I have been given a separate consumer notification that a report will be requested and used for employment purposes.

Applicant Name	Name on Drivers License	Date of Birth
Social Security Number	Driver License Number	Driver License State
Applicant Signature:	Date:	

Fair Credit Reporting Act Disclosure

When considering your application for employment or when making a decision whether to continue your employment (if you are hired), and when making other employment-related decisions directly affecting you, Dykman Electrical Inc., may wish to obtain and use a "consumer report" from a "consumer reporting agency," as these terms are defined in the Fair Credit Reporting Act (FCRA). Although Dykman Electrical Inc. does not request credit history information, as an applicant for employment or as an employee of Dykman Electrical Inc. you are a "consumer" with rights under the FCRA.

A "consumer reporting agency" is a person or business that, for monetary fees, dues, or on a cooperative non-profit basis, regularly assembles or evaluates consumer credit information of **other information** on consumers for the purpose of furnishing "consumer reports" to others, such as Dykman Electrical Inc.

A "consumer report" is any written, oral, or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes.

If Dykman Electrical Inc. obtains a "consumer report" about you, and if Dykman Electrical Inc. takes any adverse action on your application or your employment based in whole or in part on that "consumer report," you will be provided with a copy of the "consumer report" before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA as a "consumer" with regard to "consumer reports" and "consumer reporting agencies."

Dykman Electrical Inc. will use the information contained in such "consumer report" solely for employment related purposes and will not use the information contained in the report in violation of any applicable federal or state equal employment opportunity law or regulation.

Dykman Electrical, Inc.

EEO/AA Pre-Offer Voluntary Self-Identification Information

(Dykman Electrical, Inc.) is an EEO/Affirmative Action Employer

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran status, and all other characteristics protected by law. We also comply with all applicable laws including E.O. 11246 and the Vietnam Era Readjustment Assistance Act of 1974 governing employment practices and do not discriminate on the basis of any unlawful criteria. As a federal government contractor, we take affirmative action on behalf of protected veterans.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, which may apply, we invite you to complete this applicant data survey. Failure to provide information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position applying for

Date

REFERRAL SOURCE

- | | | |
|--|--|--|
| <input type="checkbox"/> State Workforce Agency | <input type="checkbox"/> Company Website | <input type="checkbox"/> Employment agency _____ |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Online | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee Referral _____ | | <input type="checkbox"/> Other _____ |

APPLICANT INFORMATION

Name:

_____ Last First Middle

Address:

_____ Street City State ZIP

Home Phone:

Business phone/Cell phone:

ETHNICITY/RACE CATEGORIES

ETHNICITY/RACE: (identify **one or more** race categories)(definitions on the back)

- Hispanic or Latino or identify a race listed below
- | | | |
|---|--|---|
| <input type="checkbox"/> White (not Hispanic or Latino) | <input type="checkbox"/> Black or African American (not Hispanic or Latino) | <input type="checkbox"/> Asian (not Hispanic or Latino) |
| <input type="checkbox"/> Native Hawaii or Other Pacific Islander (not Hispanic or Latino) | <input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino) | <input type="checkbox"/> Two or more races (not Hispanic or Latino) |
- Do not wish to identify

GENDER CATEGORIES

Male

Female

Do Not Wish to Identify

PROTECTED VETERAN CATEGORIES

Protected Veteran

Not a Protected Veteran

Do Not Wish to Identify

DEFINITIONS

ETHNICITY/RACE CATEGORY DESCRIPTIONS:

Hispanic or Latino includes a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.

White (not Hispanic or Latino) includes a person having origins in any of the original peoples of Europe, North Africa, or the Middle East, or North America.

Black or African American (not Hispanic or Latino) includes a person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) includes a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) includes a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (not Hispanic or Latino) includes a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) includes a person who identifies with more than one of the above races.

PROTECTED VETERAN CATEGORY DESCRIPTIONS:

A disabled veteran includes any veteran of the U.S. military, ground, naval or air service who: (a) is entitled to compensation, or who but for the receipt of military retired pay would be entitled to compensation under laws administered by the Secretary of Veteran Affairs, or (b) was discharged or released from active duty because of service-connected disability.

Active Duty Wartime or Campaign Badge Veteran includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.

Recently Separated Veteran includes any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Armed Forces Service Medal Veteran includes any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United State military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____