



Application for Employment

CME is an equal opportunity employer. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of CME. Applications are current for thirty (30) days. If you are not hired but are still interested in a position after thirty days, a new application must be filed.

CME is an "at will" employer, which means that either the company or the employee can terminate employment at any time.

Position(s) applying for: _____ Date: _____

How did you hear about us?

Hiring Ad: _____

Employee Referral: _____

Relative: _____

Billboard: Digital Fixed

Social Media: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone #: _____ Email Address: _____

If necessary, the best time to call you _____ am pm May we contact you at work? Yes No

If yes, work number and best time to call: _____ am pm

Have you submitted an application here before? Yes No If yes, give date(s): _____

Have you ever been employed here before? Yes No If yes, give date(s): _____

Are you legally eligible for employment in this country? Yes No

Date available to work _____ Desired Salary \$ _____

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No Are you willing to travel? Yes No

Are you able to lift & carry 100lbs.+? Yes No

If no to any of the above, please explain _____

Have you been convicted of a felony in the last (7) years? Yes No

If yes, please explain _____

(Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.)

Are you over the age of 18? Yes No

Employment History

Please provide the following information for your past and current employers, assignments, or volunteer activities starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in the comments section below.

Employer	Telephone	Dates Employed From To	Summarize the type of work performed & job responsibilities
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor & Title		\$ per	
Reason for Leaving		Hourly Rate/Salary Ending	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ per	

Employer	Telephone	Dates Employed From To	Summarize the type of work performed & job responsibilities
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor & Title		\$ per	
Reason for Leaving		Hourly Rate/Salary Ending	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ per	

Employer	Telephone	Dates Employed From To	Summarize the type of work performed & job responsibilities
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor & Title		\$ per	
Reason for Leaving		Hourly Rate/Salary Ending	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ per	

Employer	Telephone	Dates Employed From To	Summarize the type of work performed & job responsibilities
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor & Title		\$ per	
Reason for Leaving		Hourly Rate/Salary Ending	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ per	

Skills & Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. List any State Licenses you may hold.

Education

School	Years/Grade Completed	Degree Diploma	GPA	Major	Minor
--------	-----------------------	----------------	-----	-------	-------

References

Name	Relationship/Company	Telephone Number	Years Known
------	----------------------	------------------	-------------

Additional Information

List professional, trade, business associations and any office held. Exclude memberships that would reveal sex, race, religion, national origin, age color, or any similarly protected status.

Organization	Office Held
--------------	-------------

List any special accomplishments, publication awards, etc. Exclude memberships that would reveal sex, race, religion, national origin, age color, or any similarly protected status.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be the basis for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on any basis prohibited by local, state, or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than a managing member, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____

Date _____



Disclosure / Release / Authorization Form

Copper Mountain Electric works with general contractors on projects that may require a background check.

1. By this document Copper Mountain Electric discloses to you that a consumer report may be obtained for employment purposes as part of the pre-screening background check and at any time during your employment or affiliation.
2. This shall authorize the procurement of a consumer report by a credit reporting agency or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for the named employer or its associates or other sources to procure consumer reports at any time during my affiliation or employment period.
3. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, workers comp claims, mode of living, character, and personal reputation. I also understand you may make use of the internet including social networking sites. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period and to obtain a copy of the report upon request. This authorization, in original or copied form, shall be valid for this and any future reports or updates that may be requested.
4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my employment, if in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested.

I release and hold harmless all parties involved from any & all liability for damages arising from requesting, procuring, or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and its agent/credit reporting agency and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

Name: _____
Last First Middle

Social Security Number _____ / _____ / _____

Date of Birth _____ / _____ / _____

Driver's License # _____

Driver's License State _____

Current Address _____

City _____ State _____ Zip _____

Previous Address _____

City _____ State _____ Zip _____

Phone# _____

Email Address _____

Applicant's Signature _____ **Date** _____