



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 1st 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 _____	



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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 _____



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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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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 1ST 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 or Fax to: (866) 755-3966

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