



Thank you for your interest in a position with North Ridge Electric, Inc.

Use these instructions to help you through each step of the application. You may want to keep these instructions open and refer back to them as you complete the application.

1. Please print out the entire application.
2. Manually complete the application.
3. Once you have filled out the application you may fax it to 954-786-0325 or e-mail it to bianca@nre.cc. Your application will be reviewed and you will receive a call for an interview if we have any open positions. Your application will be kept on file for future openings. Additionally, you may attach a copy of your resume with your application.
4. You will be required to submit to testing for the presence of drugs or alcohol as a part of the "Drug Free Workplace Policy".
5. If you are applying for an electrician position, you will be required to complete a written test in our office prior to your interview.

If you have any questions, please do not hesitate to call our office directly at 954-782-3663.

GOOD LUCK!

Application for Employment

Date: _____ S.S. #: _____

Phone #: _____

Personal Information

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

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

Are you 18 years or older? Yes No

Position applied for: _____	Referred by: _____
-----------------------------	--------------------

Ever applied to this company before? If yes, when? _____ Yes No

Are you employed now? Yes No

Date Available: _____	Salary _____
-----------------------	--------------

Does your present employer know of your plans to change employment? Yes No

May we contact the employers listed on back? Yes No

If not, indicate which one(s) you do not wish us to contact. (Circle One) 1 2 3

Please list any additional information that relates to your ability to perform the job for which you have applied, such as special training, machine operations, hobbies, languages, etc.

U.S. Armed Forces: _____	Yes	No
If yes, branch _____ Rank at discharge _____		

Have you been convicted of a felony within the past 7 years? Yes No

If yes, please explain: _____

(Conviction will not necessarily disqualify applicant for employment)

In case of emergency, notify: _____ (Name)
_____ (Address) (Phone)

Education	Name and Location of School	Years Attended	Graduated	Course or Major
Grammar School			yes no	
High School			yes no	
College			yes no	
Trade, Business or Correspondence School			yes no	

Former Employers (List below last three employers, starting with most recent.)

1. Employer		Dates Employed		Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
2. Employer		Dates Employed		Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
3. Employer		Dates Employed		Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

References: Give below the names of three persons not related to you, whom you have known at least one year.

Name and Address		Business	Phone	Years Acquainted
Name				
Street Address		City	State	Zip
Name				
Street Address		City	State	Zip
Name				
Street Address		City	State	Zip

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of my wages and salary, be terminated at any time.

Date	Signature	
Office Use Only		
Date to report:	Job:	Salary Wage:

NORTH RIDGE ELECTRIC, INC.
Post Hiring Medical Questionnaire

This questionnaire is solely for the purpose of providing your employer with information for the Special Disability Trust Fund (Second Injury Fund) in appropriate cases. The questionnaire is not being used as the basis for deciding whether to employ you.

Name: _____ Height: _____ Weight: _____

INSTRUCTIONS: Answer YES or NO to the following questions. If your answer is YES list the approximate date of injury or treatment and give the details (doctor, hospital, city, state, etc.) in the space for details. Be sure to specify which numbered questions you are providing the details for in the right-hand column.

DO YOU HAVE OR HAVE YOU EVER HAD:

DETAILS:

- | | |
|---|-------|
| 1. A back injury? _____ | _____ |
| 2. A herniated intervertebral disc in your back? _____ | _____ |
| 3. Back surgery for removal of a disc?. _____ | _____ |
| 4. A neck injury? _____ | _____ |
| 5. A herniated disc in your neck?. _____ | _____ |
| 6. Neck surgery for removal of a disc?. _____ | _____ |
| 7. A knee injury? _____ Which knee? _____ | _____ |
| 8. Surgery on either of your knees? _____ Which knee? _____ | _____ |
| 9. A shoulder injury? _____ Which shoulder? _____ | _____ |
| 10. Surgery on either of your shoulders? _____ Which shoulder? _____ | _____ |
| 11. An elbow injury? _____ Which elbow? _____ | _____ |
| 12. Surgery on either of your elbows? _____ Which elbow? _____ | _____ |
| 13. Arthritis or rheumatism? _____ | _____ |
| 14. Amputation of your foot, leg, arm, hand, finger, or toe? _____ | _____ |
| 15. Epilepsy?. _____ | _____ |
| 16. Diabetes? _____ | _____ |
| 17. Cardiac disease (heart trouble)? _____ | _____ |
| 18. Marie-Strumpell disease (Ankylosing spondylitis)? _____ | _____ |
| 19. Total loss of sight of one or both eyes or a partial
loss of corrected vision of more than 75 percent bilaterally? _____ | _____ |
| 20. Residual disability from poliomyelitis? _____ | _____ |
| 21. Cerebral palsy? _____ | _____ |
| 22. Multiple sclerosis? _____ | _____ |
| 23. Parkinson's disease? _____ | _____ |

DETAILS:

24. A vascular disorder? _____
25. Psychoneurotic disability following treatment in a recognized medical or mental institution for a period in excess of 6 months? _____
26. Hemophilia? _____
27. Chronic osteomyelitis? _____
28. Ankylosis of a major weight-bearing joint? _____
29. Hyperinsulinism? _____
30. Muscular dystrophy? _____
31. Thrombophlebitis? _____
32. Total deafness? _____
33. Have you ever been classified as mentally retarded? _____
34. Any permanent physical condition which constitutes a 20-percent impairment of a member or of the body as a whole? _____
35. Are you now or have you ever been obese (30% or more over normal body weight)? _____
36. Rheumatic fever? _____
37. High blood pressure? _____
38. Varicose veins or leg ulcer? _____
39. Tuberculosis? _____
40. Allergies or asthma? _____
41. Skin trouble? _____
42. Reaction to serum or drug? _____
43. Kidney or bladder trouble? _____
44. Ulcers? _____
45. Head Injury? _____
46. Cancer? _____
47. Rupture(a hernia) ? _____ Which side? _____
47. Any injury, operation or any disability not covered by the above questions? _____
48. Is there any question you do not understand? _____ Which question? _____

All statements and information given in this application are true, to the best of my knowledge and belief.

Signature of Applicant _____

TO BE COMPLETED BY EMPLOYER

Reviewed by _____

Date: _____

NORTH RIDGE ELECTRIC, INC.

ACKNOWLEDGEMENT

I hereby acknowledge that North Ridge Electric is dedicated to its "Drug Free Workplace Policy."

I understand that the full text of the Drug Free Workplace policy is available upon request and had an opportunity to have all aspects of this material fully explained. I also understand that I must abide by the policy as a condition of employment, and any violation may result in disciplinary action up to and including discharge.

Further, I understand that during my employment I may be required to submit to testing for the presence of drugs or alcohol. I understand that submission to such testing is a condition of employment with the Company and disciplinary action up to and including discharge may result if;

1. I refuse to consent to such testing,
2. I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations,
3. I refuse to authorize release of the test results to the Company,
4. The tests establish a violation of the Company's Drug Free Workplace policy,
5. I otherwise violate the policy

If I am injured in the course and scope of my employment and test positive, I forfeit my eligibility for medical and indemnity benefits under the Workers' Compensation Act upon exhaustion of the remedies provided In Florida Statute 440.102(5).

I ALSO UNDERSTAND THAT THE DRUG FREE WORKPLACE POLICY AND RELATED DOCUMENTS **ARE NOT** INTENDED TO CONSTITUTE A CONTRACT BETWEEN THE COMPANY AND ME.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

EMPLOYEE PRINT

EMPLOYEE SIGNATURE

DATE

Tool & Dress Requirements

Please be advised that we must require the following dress code:

No shorts or cut up shirts. We provide company shirts. Please call the office if you need shirts. Safety requires that everyone must wear a hard hat & work boots. **NO SNEAKERS!**

Tools required for your level of employment

Apprentice

1— 3 Years Experience

- 1— Stripper
- 1— Side cutter
- 2 — Flat screwdrivers (1 large, 1 small)
- 1— Phillips #2
- 1— min. 20" tape
- 1— Hacksaw
- 2 — Channel locks
- 1— Tin snips
- 1— Hammer
- 1— Chisel
- 1 — Voltage tester & Continuity
- 1— Tool pouch
- 1 — Roto split
- 1— Razor (wire stripping knife)

3 — 4 Years Experience

All tools required for 1— 3 years

- 1 - Dikes
- 1 - level 9'
- 1 - 12" Crescent Wrench
- 1 - Full nut driver
- 1 - Knife
- 1 - Hand KO Set 1/2 to 1 1/4
- 1 - Awl
- 1 - Needle nose pliers
- 1 - Tri tape
- 1 - Dry wall saw
- 1- NEC book
- 1 - Half round file
- 1 - Flat file
- 1 - Crimpers
- 1 - Flashlight

Journeyman to Foreman

All of the apprentice requirements plus:

- Common sense
- 100' Layout tape
- Plumb bob
- Multi meter
- Minimum 2' level

- Diplomacy
- Chalk line
- Socket set to 1 'A"
- Architect & Engineer rule
- 1 1/2" to 2" Hand Knock

All should have leather gloves. All tools to be in good condition.

It will be up to each job foreman how he wishes to handle any employee who does not have the required tools to work. The office strongly recommends that any employee without the proper tools should be sent home until he has the tools to work. It seems obvious that if you do not have the tools you are not productive and are hindering others by borrowing their tools.

The clothing requirement is a must. Anyone not wearing long pants, safety boots, and proper shirt will be sent home.

Signature

Date

Benefits Outline

North Ridge Electric, Inc prides itself with a complete benefit package for all eligible employees after 90 days of employment. (At North Ridge Electric's discretion)

These benefits include:

- ✓ A Comprehensive Health Insurance Plan. Premiums are split 50% employer and 50% employee.
- ✓ Employee paid dental insurance through Metlife Dental Plans.
- ✓ Employee funded disability insurance provided by AFLAC.
- ✓ A Christmas savings club, employer matched 15% up to \$150.
- ✓ An employer paid Life Insurance Policy.
- ✓ After one year of service, you can look forward to other benefits: (At North Ridge Electric's discretion)
- ✓ A 401K plan by ING.
- ✓ 3 Paid Holidays including: New Year's Day, Thanksgiving Day and Christmas Day.

Paid vacations will be added to benefits after two years of service

5 Days & \$200 Bonus — after 2 years

When you look at our current employees and their years of service with North Ridge Electric, Inc., It shows that we are a family company with many loyal employees with 5 — 30 years of service.

Signed _____ Date _____

**AUTHORIZATION TO OBTAIN
APPLICANT/EMPLOYEE'S DRIVING RECORD**

Name of Job Applicant/Employee: _____

Street Address: _____

City, State, Zip Code: _____

Date: _____

Motor Vehicle Reports may be obtained by North Ridge Electric, Inc. as part of my job application/employment. The reports may be procured by a third party, and may include my driving record and may be used as an assessment of my insurability under the Company's insurance coverage's, if applicable.' By signing this disclosure, I hereby authorize the Company to procure such reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

Signature of Job Applicant/Employee _____

Typed Name of Job Applicant/Employee _____

Driver's License Number _____

Date of Birth _____

NORTH RIDGE ELECTRIC, INC.

ACKNOWLEDGEMENT

I have read and I understand the North Ridge Electric, Inc. **"Lockout / Tag-out Procedure"** & **"Hurricane Plan."**

I understand that North Ridge Electric, Inc. is committed to providing employees with a safe and healthful workplace. It is the policy of this organization that employees report unsafe conditions and do not perform work tasks if the work is considered unsafe. Employees must report all accidents, injuries, and unsafe conditions to their supervisors. No such report will result in retaliation, penalty, or other disincentive.

Employee recommendations to improve safety and health conditions will be given thorough consideration by our management team. Management will give top priority to and provide the financial resources for the correction of unsafe conditions. Similarly, management will take disciplinary action against an employee who willfully or repeatedly violates workplace safety rules. This action may include verbal or written reprimands and may ultimately result in termination of employment.

I understand that this is a guide only, and that if I need further information, I may obtain it from the Safety Coordinator. I also realize that the policies in the safety manual are under continual review and are subject to change at management's discretion. I will make myself aware of such changes, whether or not published in this guide.

I acknowledge and agree to comply with all safety rules and regulations found within the safety manual for North Ridge Electric, Inc.; as it will be required by all employees as a condition of employment.

Employee (Please Print)

Employee Signature

Date

NORTH RIDGE ELECTRIC, INC.

ACKNOWLEDGEMENT

I have read and I understand the North Ridge Electric, Inc. **"Safety Manual" & "Hazardous Communication Policy."**

I understand that North Ridge Electric, Inc. is committed to providing employees with a safe and healthful workplace. It is the policy of this organization that employees report unsafe conditions and do not perform work tasks if the work is considered unsafe. Employees must report all accidents, injuries, and unsafe conditions to their supervisors. No such report will result in retaliation, penalty, or other disincentive.

Employee recommendations to improve safety and health conditions will be given thorough consideration by our management team. Management will give top priority to and provide the financial resources for the correction of unsafe conditions. Similarly, management will take disciplinary action against an employee who willfully or repeatedly violates workplace safety rules. This action may include verbal or written reprimands and may ultimately result in termination of employment.

I understand that this is a guide only, and that if I need further information, I may obtain it from the Safety Coordinator. I also realize that the policies in the safety manual are under continual review and are subject to change at management's discretion. I will make myself aware of such changes, whether or not published in this guide.

I acknowledge and agree to comply with all safety rules and regulations found within the safety manual for North Ridge Electric, Inc.; as it will be required by all employees as a condition of employment.

Employee (Please Print)

Employee Signature

Date

NORTH RIDGE ELECTRIC, INC.

ACKNOWLEDGEMENT & CONSENT

I have read the entire contents of North Ridge Electric, Inc **"Fleet Safety Policy."**

I agree to comply with all requirements. I have been given an opportunity to ask questions and fully understand the meaning of the policy. Additionally, I understand that I should contact a company supervisor should I have any future questions or concerns.

Personal Vehicle Use For Company Business Policy

Any person, using their personal vehicle for company business must meet the following criteria:

- Follow all company vehicle safety policies and procedures.
- Satisfy the company driver qualification requirements.
- Maintain auto liability insurance as prescribed by Florida law.
- Not have a "company use" exclusion as part of their auto insurance policy.

Company Car Personal Use Policy

Only those employees whose names appear on the designated driver's list and have a supervisor's permission shall operate a company owned or leased vehicle. Company owned vehicles are to be used for company business only. Personal use of a company vehicle is prohibited unless approved by management. Company vehicles that are driven to and parked at employee residences must be secured when not occupied and have contents reasonably safeguarded. No other individual (spouse, child, etc.) are allowed to drive the assigned company vehicle.

By signing below, I acknowledge having receipt of this policy and consent to agree to abide by the contents.

Driver's Name (printed) _____

Driver's Signature _____ Today's date _____

NORTH RIDGE ELECTRIC, INC.

ACKNOWLEDGEMENT

I have read and I understand the North Ridge Electric, Inc. **"Employee Manual."**

I understand that this is a guide only, and that if I need further information, I may obtain it from the Human Resource Department. I also realize that the policies in the employee manual are under continual review and are subject to change at management's discretion. I will make myself aware of such changes, whether or not published in this guide.

I acknowledge that all formal employment disputes will be resolved by final and binding arbitration as set forth in the Employee Manual.

I further understand that this manual is not intended in any way to create an employment contract.

My employment with the company is at-will, and I am free to resign at any time. Similarly, the company is free to conclude our employment relationship if management believes that it is in the best interests of the company. I acknowledge that no written policy of the company is a contract or other legal guarantee that the company will continue any practices described in such written policy. I further acknowledge that no officer, supervisor or employee of the company, other than the President of the company, has the authority to promise or create any substantive terms or conditions of employment different from those stated in any written policies.

I acknowledge and agree with the rules and regulations I have read in this manual for North Ridge Electric, Inc.

Employee (Please Print)

Employee Signature

Date