



### EMPLOYEE INFORMATION SHEET

**Name:** \_\_\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
City State Zip Code

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

Motor vehicle report and background checks may be obtained as part of the company’s evaluation of my job application or employment. The reports may be procured by a third party on behalf of Berwick Electric Co. and will include my driving record and an assessment of my insurability under the company’s insurance coverage. This meets the requirements of the FCRA 604 (b)(2). I understand that this information shall not be shared with another third party and that my information is gathered for employment information use only.

**Driver’s License #:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

Have you had your driver’s license suspended or revoked in the last three years? Y  N

**If yes, give details:**  
\_\_\_\_\_  
\_\_\_\_\_

Are you a Journeyman Electrician? Y  N  **Colorado JW’s License #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

Are you a Veteran of the US Military? Y  N  **Discharge Date:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**CIRCLE ALL THAT APPLY:** Armed Forces Service Medal Recently Separated Veteran  
Protected Veteran Other \_\_\_\_\_

**Have you ever been convicted of a felony or misdemeanor?** Y  N

If yes, give a short explanation of incident. Please indicate the date, nature and place of the incident, the disposition of the allegations, and your employer at the time, including your employer’s name, address and telephone number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO YOU HAVE ANY OF THE FOLLOWING CAPABILITIES?**

Electronics <input type="checkbox"/>	Welder <input type="checkbox"/>	Splicer <input type="checkbox"/>	Sound Systems <input type="checkbox"/>	Fiber Optics <input type="checkbox"/>
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**SAFETY TRAINING:**

Boom Lift Operator <input type="checkbox"/>	Confined Space Entry <input type="checkbox"/>	Excavation/Trenching/Shoring <input type="checkbox"/>	Ladders <input type="checkbox"/>
Fall Protection <input type="checkbox"/>	Fire Protection <input type="checkbox"/>	First-aid/CPR/Bloodborne Pathogens <input type="checkbox"/>	Forklift Operator <input type="checkbox"/>
Hazard Communications (MSDS) <input type="checkbox"/>	Lockout/Tagout <input type="checkbox"/>	NFPA 70E <input type="checkbox"/>	Scaffolding <input type="checkbox"/>
OSHA 10 Hr. Construction <input type="checkbox"/>	OSHA 30 Hr. Construction <input type="checkbox"/>	Powder Actuated Tools <input type="checkbox"/>	
Scissor Lift Operator <input type="checkbox"/>	Other: _____		

**DIRECT DEPOSIT:** I authorize Berwick Electric Co. to initiate electronic credit entries each pay period, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account       Savings Account

I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name: \_\_\_\_\_

Account Number at Financial Institution: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Personal Email Address for Check Stub Disbursement: \_\_\_\_\_

**APPLICANT'S DECLARATION, AUTHORIZATION, AND RELEASE**

My answers on this application and on any resume I provide are complete and true, to the best of my knowledge. I understand that the submission of any false or incomplete information in connection with my application whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my employment at any time. I authorize Berwick Electric Co. and its agents to verify any information related to my application or resume and to procure such reports as it deems appropriate to evaluate my insurability and eligibility to work on projects that require background checks. I also authorize individuals, schools, employers, and law enforcement or government officials to freely release any information concerning my background, and hereby release any and all of them from any liability for doing so. If Berwick Electric Co. employs me, I understand that I will be employed on an at-will basis for an indefinite period of time and that Berwick Electric Co. may terminate my employment at any time and for any reason.

**Print Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_      **Date:** \_\_\_\_\_

Berwick Electric Co. will comply with applicable federal and state laws and regulations prohibiting discrimination on grounds of race, color, religion, gender, national origin, age, or disability.