



# APPLICATION FOR EMPLOYMENT

Ludvik Electric Co. is an Equal Opportunity Employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, sexual orientation, age, national origin, handicap or veteran status.

Each question should be answered in a complete and accurate manner. No action will be taken if material information is omitted. This application must be completed in person at the designated Ludvik Electric Co. office and it will remain active for 30 days.

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Telephone ( )
City, State, Zip			Business Telephone ( )
Have you ever worked for Ludvik Electric Co.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____ Location _____			Social Security #
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____ Location _____			Pay Expected
Position Desired			When will you be available to begin work? _____

Are you legally eligible for employment in the United States?	Other special training or skills (languages, machine operation, etc.)
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Are you willing and able to work overtime or to travel if required?  Yes  No

If no, please explain:

EDUCATION

School	Name & Location of School	Course of Study	No. of Years Completed	Did you Graduate	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you willing and able to relocate?  Yes  No

Drivers License: State: \_\_\_\_\_ License No.: \_\_\_\_\_ Type: \_\_\_\_\_  
Valid:  Yes  No

**Membership in Professional or Civic Organizations**  
(Exclude those which may disclose your race, color, religion or national origin)

<b>EMPLOYMENT</b>		Please give accurate, complete full time and part time employment record. Start with your present or most recent employer.	
<b>1</b>	Company Name	Telephone # (    )	
	Address	Employed – (State Month and Year)  From                      To	
	Name of Supervisor	Pay Rate:  Start                      Last	
	State Job Title and Describe Your Work	Reason For Leaving:	
	Rehire status: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you on layoff and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2</b>	Company Name	Telephone # (    )	
	Address	Employed – (State Month and Year)  From                      To	
	Name of Supervisor	Pay Rate:  Start                      Last	
	State Job Title and Describe Your Work	Reason For Leaving:	
	Rehire status: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you on layoff and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>3</b>	Company Name	Telephone # (    )	
	Address	Employed – (State Month and Year)  From                      To	
	Name of Supervisor	Pay Rate:  Start                      Last	
	State Job Title and Describe Your Work	Reason For Leaving:	
	Rehire status: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you on layoff and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>4</b>	Company Name	Telephone # (    )	
	Address	Employed – (State Month and Year)  From                      To	
	Name of Supervisor	Pay Rate:  Start                      Last	
	State Job Title and Describe Your Work	Reason For Leaving:	
	Rehire status: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you on layoff and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No		
We may contact the employers listed above unless you indicate those you do not want us to contact.		<b>DO NOT CONTACT</b>	
		Employer Number(s) _____ Reason _____ _____	
<b>MILITARY</b>		Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in what Branch? Final rank: _____

Describe any training received relevant to the position for which you are applying:

**WORK SKILLS:**

Position applied for: \_\_\_\_\_

Number of years in present trade: \_\_\_\_\_

Experience as a Lead or Foreman (describe): \_\_\_\_\_

What equipment/machinery can you operate that are related to the job for which you are applying? \_\_\_\_\_

Describe the last three projects you worked on: \_\_\_\_\_

List any special work related skills not previously listed: \_\_\_\_\_

What are your goals in the construction industry? \_\_\_\_\_

**CAPABILITY/RELIABILITY:**

Would you be willing and able to perform all the tasks required by the job you are applying for?  Yes  No

If not, explain which tasks: \_\_\_\_\_

Have you filed any type of fraudulent claim against any of your present or past employers?  Yes  No

If yes, explain: \_\_\_\_\_

Will you abide by the safety rules of the company?  Yes  No

Have you ever been disciplined for violating company safety rules or regulations?  Yes  No

If yes, please explain: \_\_\_\_\_

How many days of work have you missed in the last two years? \_\_\_\_\_

How many times have you been late for work in the last two years? \_\_\_\_\_

Would you be willing and able to report to work on time every day on a regular and consistent basis?  Yes  No

If no, please explain: \_\_\_\_\_

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The information provided in this Application for Employment is true, correct, and complete. Any material misstatement or omission of fact on this application or during an interview may result in my dismissal or terminate the application process.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I understand that the passing of a Drug/Alcohol Test , in accordance with Ludvik Electric Co. policy, is a condition of employment.

I understand that my employment is "At Will" and for an indefinite period and may be terminated by me or Ludvik Electric Co. at any time and for any reason, with or without prior notice.

I understand that my social security number will be verified with the Social Security Administration solely to ensure the record is correct for the purposes of completing Internal Revenue Service Form W-2.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR EMPLOYER'S USE ONLY**

<b>R E F E R E N C E  C H E C K</b>	<b>EMPLOYER</b>	<b>PERSON CONTACTED</b>	<b>RESULTS</b>
	1		
	2		
	3		
	4		

<b>T E S T  R E S U L T S</b>	<b>TESTS ADMINISTERED</b>	<b>RAW SCORE</b>	<b>RATING</b>	<b>ANALYSIS AND COMMENTS</b>

<b>I N T E R V I E W  R E S U L T S</b>	<b>INTERVIEWER NAME AND COMMENTS</b>

**LUDVIK ELECTRIC CO.  
CONSENT, AUTHORIZATION AND RELEASE  
SUBSTANCE ABUSE SCREENING**

*(Revised 05/15/08)*

I acknowledge that I have received a copy of the Ludvik Electric Co. Substance Abuse Policy and that I have read and understand the prohibitions, procedures, obligations and responsibilities contained in this policy.

I authorize and consent to substance abuse screening conducted in accordance with Ludvik Electric's policies and procedures, conducted by the company's designated personnel, medical and laboratory testing facilities.

I understand that substance abuse screening is a condition of employment or continued employment with Ludvik Electric, pursuant to the terms of the policy, and may include taking urine, blood, saliva or other samples pursuant to recognized collection and testing procedures. I further understand that the application process will be terminated for any applicant who refuses to cooperate, tampers with, switches or otherwise adulterates any test sample or, who tests positive; and that the status of such employee will be determined pursuant to the applicable provisions of the company's substance abuse policy.

I authorize any designated physician, medical facility or laboratory to release the results of each test to Ludvik Electric, or to state whether the test results reflect compliance with company policy and standards.

I agree that, when requested, I will present myself at the time and place designated by the company representative, to submit samples as directed, to provide all necessary and relevant information, and to otherwise fully cooperate with the substance abuse screening process.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

# Experience Summary

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

How many years have you worked in the **construction** industry? \_\_\_\_\_

How many years have you worked in **electrical construction**? \_\_\_\_\_

What type of electrical construction are you familiar with? (Check all that apply.)

Commercial

Industrial

Residential

Do you have a current Journeyman's electrical license?

Yes

State Issued? \_\_\_\_\_

No

Do you have supervisory experience?

Foreman

General Foreman

Other \_\_\_\_\_

WORK PERFORMED/SKILL	NO EXPERIENCE OR KNOWLEDGE	SOME EXPERIENCE OR KNOWLEDGE	CONSIDERABLE EXPERIENCE OR KNOWLEDGE	NUMBER OF YEARS EXPERIENCE
Conduit Bending – ¾ to 2"				
Conduit Bending – 2½ to 4"				
EMT Conduit Installation				
GRC Conduit Installation				
PVC Coated Conduit Installation				
Motor Controls				
Branch Wire Pulling				
Feeder Wire Pulling				
Equipment Setting – MCC, Switchgear, etc.				
Underground Duct Banks				
Underground Layout				

WORK PERFORMED/SKILL	NO EXPERIENCE OR KNOWLEDGE	SOME EXPERIENCE OR KNOWLEDGE	CONSIDERABLE EXPERIENCE OR KNOWLEDGE	NUMBER OF YEARS EXPERIENCE
Panel Makeup				
Transformer Makeup				
Switch & Plug				
Project Layout & Planning				
National Electric Code				
Installing, Splicing & Terminating Wires & Cables Cable Pulling & Splicing – <i>600 volts and under</i>				
Installing, Splicing & Terminating Wires & Cables Cable Pulling & Splicing – <i>Over 600 volts</i>				
Cable Tray Installation				
Lighting System Installation				
Testing, Troubleshooting & Service of Feeders, Lighting, Lighting Controls, Motors, & Branch Circuits				
Fire Alarm Installation				
Motor Installation				
Control System Installation				
Installing Services and Switchgear				
Generators and UPS Systems				
Floor Duct Installation				
Installing & Programming Programmable Logic Controllers				
Installing Instrumentation & Process Control Systems				
Security System and Access Control Installation				

<b>WORK PERFORMED/SKILL</b>	<b>NO EXPERIENCE OR KNOWLEDGE</b>	<b>SOME EXPERIENCE OR KNOWLEDGE</b>	<b>CONSIDERABLE EXPERIENCE OR KNOWLEDGE</b>	<b>NUMBER OF YEARS EXPERIENCE</b>
Installing Sound, Communication & Video Systems				
Installing Fiber Optic Cable & Teledata Wiring				
Welding & Brazing				
Service & Troubleshooting				
Other				

Please respond to the following questions:

1. How many #12 THHN Conductors are allowed in a ½ EMT Conduit?
2. What is the allowable ampacity of # 10 Copper THHN wire rated at 75 degree C?
3. How many degrees of bend is allowed in a conduit run between J-boxes?
4. How many current carrying conductors are allowed in a raceway before derating?
5. When bending a 12" Stub-up with a ½ EMT Bender, what dimension should you place your mark on the conduit to line up with the stub-up mark on the bender?
6. What standard colors of wire would you use for a neutral on 120/208 Volt and 277/480 Volt three phase – four wire systems?

7. What is the nominal zone circuit voltage in an Addressable Fire Alarm System?
8. By N.E.C., what is the maximum recess dimension allowable from the front edge of a box or plaster ring to the surface face of the drywall?
9. What are standard size disconnects (safety switches) up to 600 Amp?
10. Generally, EMT must be supported within how many inches of a box?

# Ludvik Electric Co. Physical Demands Analysis

**JOB TITLE:** Journeyman Inside Wireman (Electrician)

**LOCATION:** All Projects

<b>Hours per shift:</b> Normally 8	<b>Days per week:</b> Normally 5
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**Overtime required?**     Yes     No    \_\_\_\_\_ **Hours per month**  
**Rotating Shifts?**     Yes     No    **Explain schedule:** \_\_\_\_\_

**GENERAL JOB DESCRIPTION:**

Install Electrical Equipment

**SAFETY EQUIPMENT:**

Steel toe boots     Metatarsal boots     Hard Hat     Other: \_\_\_\_\_  
 Safety glasses     Hearing protection     Gloves     Other: \_\_\_\_\_  
 Safety lamp     Respirator     Other: All OSHA Requirements

**WORK PERFORMED:** Inside 80%    Outside 15%    Underground 5%

**SPECIFIC JOB DUTIES:**

1. Frequency and number of hours a day a worker is required to do the following types of activities.

ACTIVITY	FREQUENCY				NUMBER OF HOURS A DAY									
	1	2	3	Intermittent	1	2	3	4	5	6	7	8	More than 8	
a. Sitting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Kneelling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Twisting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Crawling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Frequency Legend:**    1 = Occasionally    (0 to 1/3 work day)  
                                   2 = Frequently        (1/3 to 2/3 work day)  
                                   3 = Continually       (2/3 to 3/3 work day)

Ludvik Electric Co.  
 Physical Demands Analysis  
 JOB TITLE: Journeyman (Inside) Wireman  
 LOCATION: All Projects

2. Hand use required?

	<u>DOMINANT</u>	<u>DOMINANT</u>	<u>NON-DOMINANT</u>	<u>NON-DOMINANT</u>
a. Simple Grasping?	<input checked="" type="checkbox"/> Yes [ ] No	Frequency 2	<input checked="" type="checkbox"/> Yes [ ] No	Frequency 3
b. Power Grasping?	<input checked="" type="checkbox"/> Yes [ ] No	Frequency 2	<input checked="" type="checkbox"/> Yes [ ] No	Frequency 1
c. Push and Pull?	<input checked="" type="checkbox"/> Yes [ ] No	Frequency 3	<input checked="" type="checkbox"/> Yes [ ] No	Frequency 2
d. Fine Manipulation?	<input checked="" type="checkbox"/> Yes [ ] No	Frequency 2	<input checked="" type="checkbox"/> Yes [ ] No	Frequency 2
e. Use of vibratory tools?	<input checked="" type="checkbox"/> Yes [ ] No	Frequency 1	<input checked="" type="checkbox"/> Yes [ ] No	Frequency 2

3. Reaching?

a. At or above the shoulder?	<input checked="" type="checkbox"/> Yes [ ] No	Frequency: 3
b. Below the shoulder?	<input checked="" type="checkbox"/> Yes [ ] No	Frequency: 3

4. At Use of feet to operate foot controls or for repetitive movement?	<input checked="" type="checkbox"/> Yes [ ] No	Frequency: 1
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5. Visual Requirements?

a. Low light	<input checked="" type="checkbox"/> Yes [ ] No	Frequency: 1
b. Near vision	<input checked="" type="checkbox"/> Yes [ ] No	Frequency: 2
c. Far vision	<input checked="" type="checkbox"/> Yes [ ] No	Frequency: 1
d. Depth perception	<input checked="" type="checkbox"/> Yes [ ] No	Frequency: 2
e. Lateral vision	<input checked="" type="checkbox"/> Yes [ ] No	Frequency: 1
f. Color sensitivity	<input checked="" type="checkbox"/> Yes [ ] No	Frequency: 3

6. Auditory Requirements?

a. Hear signals?	<input checked="" type="checkbox"/> Yes [ ] No	Frequency: 3
b. Radio/telephone?	<input checked="" type="checkbox"/> Yes [ ] No	Frequency: 2
c. Routine communication?	<input checked="" type="checkbox"/> Yes [ ] No	Frequency: 3
d. Other?	<input checked="" type="checkbox"/> Yes [ ] No	Frequency:

7. Amount of Lifting/Carrying Required and the Frequency (1 – 2 – 3).

Lifting [X]	Frequency (1-3)		Carrying [X]	Frequency (1-3)
<input checked="" type="checkbox"/>	3	a. 10 lbs or less	<input checked="" type="checkbox"/>	3
<input checked="" type="checkbox"/>	3	b. 11 to 25 lbs	<input checked="" type="checkbox"/>	3
<input checked="" type="checkbox"/>	3	c. 26 to 50 lbs	<input checked="" type="checkbox"/>	3
<input checked="" type="checkbox"/>	1	d. 51 to 75 lbs	<input checked="" type="checkbox"/>	1
<input checked="" type="checkbox"/>	1	e. 76 to 100 lbs	<input checked="" type="checkbox"/>	1
<input checked="" type="checkbox"/>	1	f. Over 100 lbs	<input checked="" type="checkbox"/>	1

Heaviest item carried: **Electrical Materials** How far: **50 – 200 ft.**

