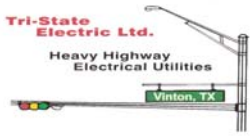


Tri-State Electric, Ltd.

Employment Application

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Company to provide employment opportunities without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, or veteran status or gender identity.

APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

APPLICANT INFORMATION

Full Name: _____
First *Middle* *Last*

Address: _____
Street Address *City* *State* *Zip Code*

Phone: (___)_____ E-mail Address: _____

Drivers License Number: _____ Issuing State:_____ Expiration Date: _____

Date Available: _____ Social Security Number: _____

Are you a citizen of the United States? ☐ YES ☐ NO

If no, are you authorized to work in the U.S.? ☐ YES ☐ NO

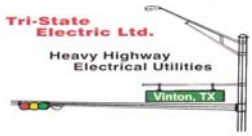
Are you a U.S. service veteran? ☐ YES ☐ NO

Are you disabled? ☐ YES ☐ NO

Race.- Please mark one ☐ White ☐ Black/African American ☐ Asian

☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

Ethnicity.- Please mark one ☐ Hispanic or Latino ☐ Not Hispanic or Latino



EMERGENCY CONTACT INFORMATION

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Street Address *City* *State* *Zip Code*

POSITION INFORMATION

Position Applied for: _____

Have you ever worked for this company? ☐ YES ☐ NO If so, when? _____

Are you willing to relocate? ☐ YES ☐ NO

Referral Source: (advertisement, firm, school – specify): _____

How soon following notification can you report? _____

Are any relatives, including in-laws, employed at the company? ☐ YES ☐ NO

If yes, give name, relationship, position and location: _____

_____

Have you previously applied for employment at the company? ☐ YES ☐ NO

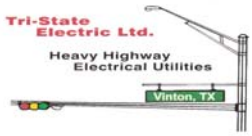
If yes, when? _____ For what position? _____

Have you previously been interviewed by the company? ☐ YES ☐ NO

If yes, when? _____ For what position? _____

Have you ever been suspended, placed on probation, resigned, discharged or terminated from any employment? ☐ YES ☐ NO

If Yes, Please Explain: _____



EDUCATION INFORMATION

High School: ☐ YES ☐ NO

College: ☐ YES ☐ NO

Trade School: ☐ YES ☐ NO Specialty _____

Other Degrees or Special Training: _____

EMPLOYMENT HISTORY: (Important! Starting with your present or most recent employer, list in consecutive order your last four employers, assignments or volunteer activities, including military experience. Please explain any gaps in employment.)

Company: _____ Phone: _____

Address: _____
Street Address *City* *State* *Zip Code*

Job Title: _____

Starting Salary: _____ Ending Salary: _____ Supervisor: _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

_____

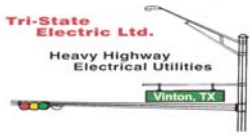
May we contact your current/previous supervisor for a reference? ☐ YES ☐ NO

Company: _____ Phone: _____

Address: _____
Street Address *City* *State* *Zip Code*

Job Title: _____

Starting Salary: _____ Ending Salary: _____ Supervisor: _____



From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

_____

May we contact your current/previous supervisor for a reference? ☐ YES ☐ NO

Company: _____ Phone: _____

Address: _____
Street Address *City* *State* *Zip Code*

Job Title: _____

Starting Salary: _____ Ending Salary: _____ Supervisor: _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

_____

May we contact your current/previous supervisor for a reference? ☐ YES ☐ NO

Company: _____ Phone: _____

Address: _____
Street Address *City* *State* *Zip Code*

Job Title: _____

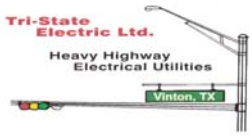
Starting Salary: _____ Ending Salary: _____ Supervisor: _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

_____

May we contact your current/previous supervisor for a reference? ☐ YES ☐ NO



REFERENCES

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Street Address *City* *State* *Zip Code*

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Street Address *City* *State* *Zip Code*

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

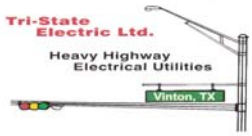
Street Address *City* *State* *Zip Code*

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Street Address *City* *State* *Zip Code*



APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information. I understand that honesty and integrity are important requirements of any employment with this company. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

I, the applicant whose signature is affixed hereto, and the Company mutually agree and contract that any and all claims or disputes arising out of or in any way relating to this application for employment, or the Company's decision to hire or not to hire me, including but not limited to claims for violation of any state or federal statutory, constitutional or common law shall be exclusively and finally resolved by binding arbitration administered according to the employment dispute procedures of the American Arbitration Association pursuant to the provisions of the Federal Arbitration Act.

Signature _____ Date _____

Thank you for completing this application. It will remain under consideration for one year. It will not be necessary for you to reapply during this one year period. Your interest is appreciated.

Mail or personally deliver this form to:
TEXAS DEPARTMENT OF INSURANCE
DIVISION OF WORKERS' COMPENSATION
7551 Metro Center Drive, Suite 100, MS-92B
Austin, TX 78744

THIS FORM MUST BE FILLED OUT COMPLETELY AND MUST BE SIGNED AND DATED BEFORE A NOTARY.

PROSPECTIVE EMPLOYMENT AUTHORIZATION AND CERTIFICATION

Please carefully read the instructions on the reverse side before submitting this form. Incorrect/incomplete forms will be returned without action.

SECTION I: TO BE COMPLETED BY JOB APPLICANT

1. Name of Job Applicant (Print or type)	3. Social Security Number
2. Complete Address of Job Applicant (Print or type)	4. Date Job Application Submitted

I understand that the Texas Workers' Compensation Act provides for the release of certain prior work related injury information to prospective Texas employers who carry workers' compensation insurance if the employer obtains my written authorization before making a request for that information. I also understand that if this employer is covered by the Americans With Disabilities Act, my prior work related injury claim information may be released only if the indicated employer has properly completed and certified the information on this form. Prospective employers filing valid requests will be provided with a report on prior work related injury claims only if an applicant has made two or more general injury claims in the preceding five years. I hereby authorize release of information permitted by law on my work related injuries to the prospective employer named below.

Job Applicant's Signature _____ Date _____

SWORN AND SUBSCRIBED TO BEFORE ME BY THE SAID _____ (Print Job Applicant's Name)

ON THIS _____ DAY OF _____, YEAR _____ .

_____ _____
Signature of Notary Public Print Name of Notary Public

(Seal or Stamp)

My Commission expires: _____

SECTION II: TO BE COMPLETED BY PROSPECTIVE TEXAS EMPLOYER

1. Name of Employer (Print or type)	3. Employer's Federal Tax I.D. #	4. Date Job Application Received
2. Address and Phone Number of Employer (Print or type) Phone Number ( )		5. Prepaid Account Number

I am a prospective Texas employer who has workers' compensation insurance. I am entitled to receive prior injury information concerning this job applicant under the Texas Workers' Compensation Act, Texas Labor Code, Section 402.087. I am not prohibited from receiving this information under the Americans With Disabilities Act of 1990, 42 U.S.C. §12101 *et. seq.* because:

(Employer Must Check One):

☐ I am a Texas employer who is not covered by the Americans With Disabilities Act of 1990. (The Americans With Disabilities Act of 1990 defines "employer" as: "a person engaged in an industry affecting commerce who has 15 or more employees for each working day in each of 20 or more calendar weeks in the current or preceding year and any agent of such person").

☐ I am a Texas employer who is covered by the Americans With Disabilities Act of 1990, who is requesting this information prior to hiring the above-named job applicant, but after having made a conditional offer of employment to the above-named applicant. I am requesting this information regarding all post-offer prospective job applicants in this job category, regardless of disability. Information concerning the Americans With Disabilities Act may be obtained by calling 1 (800) 949-4232; TDD 1 (713) 520-5136 or the Texas Commission on Human Rights, (512) 437-3450.

A $2.00 fee is required of the prospective employer per request. Your remittance must be attached. The DWC FORM-156 will be returned without action if payment is not enclosed. Fees are subject to change. Make checks payable to DWC.

I certify that I am an authorized representative of this employer and the statements in Section II of this document are true, complete and correct to the best of my knowledge and belief.

Employer/Representative's Signature _____ Date _____

SWORN AND SUBSCRIBED TO BEFORE ME BY THE SAID _____ (Print Employer/Rep. Name)

ON THIS _____ DAY OF _____ , YEAR _____ .

_____ _____
Signature of Notary Public Print Name of Notary Public

(Seal or Stamp)

My Commission Expires: _____

DWC FORM - 156
PROSPECTIVE EMPLOYMENT AUTHORIZATION AND CERTIFICATION INSTRUCTION SHEET
http://www.tdi.texas.gov

GENERAL:

1. **PAYMENT MUST BE SUBMITTED WITH EACH REQUEST.** Each DWC FORM-156 processed will require a $2.00 fee, which includes postage. The form will be returned without action if payment is not enclosed. Fees are subject to change. **Make checks payable to DWC.**

2. Use DWC FORM-156, PROSPECTIVE EMPLOYMENT AUTHORIZATION AND CERTIFICATION form, to obtain confidential claim file information on persons who have submitted an application for employment. The Division will provide the dates of injury and descriptions of two or more general injury claims filed by the applicant within the past five years. The use of this service is not mandatory. Refer to Advisory 99-01 for additional information. To obtain a copy of this advisory visit the DWC website indicated above.

3. DWC FORM-156 **MUST BE COMPLETED IN ITS ENTIRETY**. Please print or type. The **original** signed and notarized form must be mailed or personally delivered to the address indicated at top of DWC FORM-156, not more than 14 days after the date on which the application for employment is submitted.

4. For additional assistance in completing DWC FORM-156, call the Reprographics Section/Pre Employment at (512) 804-4990-ext. 391.

5. DWC FORM-156 may not be FAXED and will be returned without action. Confidential information will not be released by telephone.

6. In order to be eligible to receive confidential information, the Texas employer must carry Workers' Compensation Insurance coverage. Coverage will be verified before information will be released.

SECTION I - JOB APPLICANT INFORMATION

1. The applicant must provide his/her full name, address and social security number. The date the job application was submitted must be indicated in Section I, Box 4.

2. The applicant must sign the request form before a notary and have the notary complete the acknowledgement portion.

SECTION II - EMPLOYER INFORMATION

1. The Texas employer must provide the company name, address, phone number and Federal Tax I.D. number.

2. The Texas employer may authorize an employee of the company to request and receive the confidential information on the employer's behalf. The authorized employee must sign the request form before a notary and have the notary complete the acknowledgment portion. Incomplete or incorrectly attested forms will be returned to the employer without processing.

3. Information regarding the Americans with Disabilities Act must be completed by checking ONE of the boxes.

IMPORTANT:

BY EXECUTION OF DWC FORM-156, THE TEXAS EMPLOYER REPRESENTS THAT HE OR SHE IS ENTITLED TO THE INFORMATION REQUESTED AND THAT HE OR SHE HAS FULL AUTHORITY TO ACT AS A REQUESTOR. IT IS A CLASS A MISDEMEANOR FOR UNAUTHORIZED PERSONS TO RECEIVE CONFIDENTIAL INFORMATION OR TO DISCLOSE SUCH INFORMATION TO UNAUTHORIZED PARTIES. TEXAS LABOR CODE SECTIONS 402.064; 402.084; 402.087 & 402.091.