



Sides Electrical, Inc. & Sides Irrigation Systems, Inc.  
PO Box 52  
400 West Interstate 40  
Wildorado, TX 79098  
(806) 426-0001

### EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security \_\_\_\_\_

Are you a citizen of the United States of America?  yes  no

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

Start Date \_\_\_\_\_

Full time  Part time  Temporary  Other

Will you work overtime?  Yes  No

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

May we call you at work?  Yes  No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  Yes  No

If yes, provide date(s) and details:

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**EMPLOYMENT EXPERIENCE**

Start with your present job and list back in time sequence 5 or more years. Include military duty, other volunteer activities and period of unemployment. Exclude organizational names which indicate race, color, religion, sex, or national origin.

**Employer** \_\_\_\_\_ Phone \_\_\_\_\_

Date Employed From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly Rate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisors' Name \_\_\_\_\_ Job Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Phone \_\_\_\_\_

Date Employed From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly Rate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisors' Name \_\_\_\_\_ Job Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Phone \_\_\_\_\_

Date Employed From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly Rate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisors' Name \_\_\_\_\_ Job Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Phone \_\_\_\_\_

Date Employed From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly Rate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisors' Name \_\_\_\_\_ Job Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**EDUCATION**

<b>Schools/Colleges Attended</b>	<b># Years</b>	<b>Year Grad</b>	<b>Degree</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any special qualifications or training you have for this job: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Valid Drivers License# \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Are you a veteran of the U.S. Military? [ ] Yes [ ] No

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I expressly authorize, without reservation, the employer, its representatives, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume and/or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, or represent, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that this employer does not unlawfully discriminate in employment and no questions used on this application are used for the purpose limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law. If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by the employer's president. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard. I understand that any false, incomplete or misleading information given on my application or interview may result in immediate termination of employment at the discretion of the employer. I understand that if I am employed, I am subject to a three-month introductory employment period.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**As a condition of employment, I understand and agree to the following:**

**Post-Offer Employment:**

I may be required to take a drug screening and report examining my driving record, criminal background, and workers compensation record may be made. I release all persons, business and organizations requesting or supplying of such information from all claims or liabilities of any nature arising from such investigation or the supplying of such information for such investigation. I may be required, as a condition of employment, to undergo a physical examination for the purpose of determining whether I am able to perform the essential functions of the job for which I am being considered. I authorize any physician or hospital to release any information that may be necessary to determine my ability to perform the essential functions of the job. I understand that refusal to submit to the physical examination or release of medical information will result in not being considered for employment.

**If Employed:**

I may be required to submit to alcohol and drug screens performed on a reasonable suspicion, post-accident, periodic, random, or as required by Department of Transportation regulations during my employment. Refusal to submit to such test(s) may result in immediate dismissal.

I understand that I must have a valid Texas Drivers License and that a report examining my driving history may be made annually. I authorize such investigation and the giving and receiving of any information for such investigation. I understand that I must maintain a driving record that is insurable at standard group rates by Sides Electrical, Inc. & Sides Irrigation Systems, Inc. automobile liability insurance carrier. If my driving record is unacceptable, my employment maybe terminated. I am to immediately report any accident or traffic violation incurred while on duty to my immediate supervisor within five (5) days of occurrence.

I have three days to submit documents verifying authorization to work in the United States and if I do not, I will no longer be eligible for employment. I acknowledge that all documents submitted for the verification process are authentic and will relate specifically to me.

I understand and agree that employment with Sides Electrical, Inc. & Sides Irrigation Systems, Inc. is at-will, meaning that either the employee or the Company can terminate the employment relationship at any time with or without notice and with or without cause. I understand that no representative of the Company, other than the General Manager/CEO, has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the fore going unless in writing and signed by me and the General Manager/CEO. I will comply with the policies, rules, and regulations of the Company.

I understand that Sides Electrical, Inc. & Sides Irrigation Systems, Inc. can change wages, benefits, and conditions at any time.

I certify that I have read; fully understand and accept all terms of the fore going statements.

\_\_\_\_\_  
Applicant Signature

Date \_\_\_\_\_

**For Personnel Department Only:**

Interviewed By \_\_\_\_\_, remarks on reverse. Date \_\_\_\_\_

Accurate Credit Bureau Fax 626-398-0642

I wish to order [  ] Credit Report [  ] DVM Records [  ] Reference Verification [  ] Criminal Records