

MVE Group, Inc.: Application for Employment

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APPLICATION FOR EMPLOYMENT IMPORTANT AUTHORIZATIONS AND UNDERSTANDINGS

INTRODUCTION

For the employees of Meadow Valley Electric, Inc. and ESCO, Inc. a part of MVE Group, Inc., an employee owned company.

Our goal is to hire and retain the best employees and provide them with a healthy, safe, and productive work place. Our employees are our most valuable resource and will be treated as such.

All applicants offered a position agree to comply with the provisions of our DRUG and ALCOHOL testing policy.

All applicants offered a position that requires driving will be required to have a valid driver's license and a safe driving record (a driver history report will be pulled).

All applicants offered a position may, as necessary and if permitted by law or regulation, be required to successfully complete a criminal background check and child abuse history clearance.

EQUAL EMPLOYMENT OPPORTUNITY

All qualified applicants will be considered on their merits and without regard to age, race, color, sex, national origin, disability, military status, or any other status protected by law.

REASONABLE ACCOMMODATION

If you need assistance or an accommodation during the application process because of a disability, it is available upon request. We are pleased to provide such assistance and no applicant will be penalized as a result of such a request.

HIRING DECISIONS

We base our hiring decision on a variety of factors including skills and ability to perform the job, prior employment with us, employment references, willingness to accept the offered salary, and personal interviews.

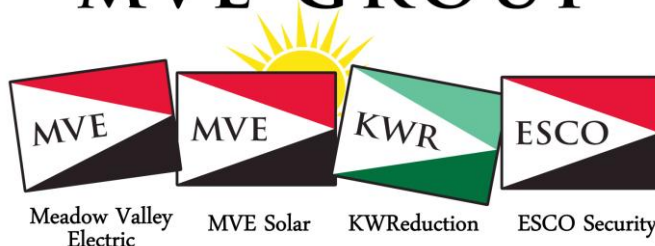
GENERAL WORK AND SCHEDULING RULES

All employees are expected to work and to work the hours appropriate for their employment status. It is the nature of our business that work may need to be done on a tight schedule. Just as the classification of an employee is not a guarantee of a certain number of hours or work, it is not a limitation on the number of hours for which an individual may be assigned unless prior approval has been given or the Company is aware prior to the assignment of conditions which would preclude an individual from being able to work. Full time employees are expected to be available for "regular" 40 hours schedule plus overtime as may be required by the Company. Regular part time and temporary employees are expected to be available for the hours for which they committed to work at the time of hire.

CONFLICT OF INTEREST

Our employees are prohibited from working or having an ownership interest in any other company or organization of any size or type where there is a potential conflict of interest with our business except with the approval of the Company. The Company employees may not own (in whole or in part, directly or indirectly), manage, be a consultant to, or have any relationship with another similar company or organization.

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NAME AND ADDRESS INFORMATION			
Last Name:	First Name:	Middle Name:	
Present Address: Street:	City:	State/Zip:	Telephone: ()
Permanent Address: Street:	City:	State/Zip:	Telephone: ()
Cell Phone: ()		Email Address:	

WORK ELIGIBILITY INFORMATION		
<p>Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment. The Immigration Reform and Control Act of 1986 requires employment eligibility of all new hires.</p>		
No person under the age of 18 shall be employed without a general or vacation employment certificate. Are you 18 years of age or older?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have the right to remain and work permanently in the United States?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you furnish proof of age and that you are eligible to work in the United States?: <input type="checkbox"/> Yes <input type="checkbox"/> No

POSITION INFORMATION		
Position Desired:	Pay Expected:	Date You Could Start:
Check (_) Hours You Are Available To Work (please check all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekend <input type="checkbox"/> Day Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Overtime		
Are you employed now?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on "layoff" status and subject to recall?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or do you expect to be engaged in any other business or employment?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
Have you ever worked for us before?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state position, date, and reason for leaving:	
Have you ever applied to us before?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state position, date, and outcome of application:	
Do you have any relatives currently employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name:	
Have you ever been convicted of a felony?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: Note: A yes does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.	

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U.S. MILITARY SERVICE INFORMATION

Have you ever served in the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list branch of service and last rank:
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REFERRAL INFORMATION

Referred By:

<input type="checkbox"/> Initiative	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Employee Name
<input type="checkbox"/> Career Placement	<input type="checkbox"/> Phone Book	<input type="checkbox"/> Other? _____	

EDUCATION	Name of School Location of School	Did You Graduate?	Degrees or Major Field of Interest
High School or GED	_____	<input type="checkbox"/> Yes	
	_____	<input type="checkbox"/> No	
College	_____	<input type="checkbox"/> Yes	
	_____	<input type="checkbox"/> No	
Trade or Business School	_____	<input type="checkbox"/> Yes	
	_____	<input type="checkbox"/> No	

Are you planning to pursue further studies: <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'yes', please explain:
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REFERENCES

Please give the names of persons not related to you and for whom you have not worked, whom you have known at least three years.

Name	Address	Telephone	Business	Years Acquainted
		()		
		()		
		()		
		()		

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ADDITIONAL INFORMATION

List additional information, including skills, special training, professional, trade, business, civic activities, offices held, that may help us in considering your application. You may exclude information that may indicate references to race, color, religion, age, sex, marital status, sexual orientation, national origin, ancestry, disability, status as a disabled veteran, veteran of Vietnam, or any other legally protected status.

GENERAL INFORMATION

Why are you interested in working for us?

What did you enjoy most about your last job?

What did you enjoy least about your last job?

EMPLOYMENT HISTORY

Beginning with the MOST RECENT, list all jobs including volunteer work, part time employment while in school, military service, self employment, and unemployment. Please account for all periods of employment and unemployment for at least the past ten (10) years and including at least the last three (3) employers.

(1) Employer:

Telephone: ()

Street Address:

City:

State:

Zip:

Period Employed (Month/Year):

From:

To:

Salary:

Supervisor Name and Title:

Your Job/Position Title:

Description of Your Duties:

Reason for Leaving:

May We Contact the Employer?: Yes No

(2) Employer:

Telephone: ()

Street Address:

City:

State:

Zip:

Period Employed (Month/Year):

From:

To:

Salary:

Supervisor Name and Title:

Your Job/Position Title:

Description of Your Duties:

Reason for Leaving:

May We Contact the Employer?: Yes No

(3) Employer:

Telephone: ()

Street Address:

City:

State:

Zip:

Period Employed (Month/Year):

From:

To:

Salary:

Supervisor Name and Title:

Your Job/Position Title:

Reason for Leaving:

May We Contact the Employer?: Yes No

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(4) Employer:		Telephone: ()	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year):	From:	To:	Salary:
Supervisor Name and Title:	Your Job/Position Title:		
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(5) Employer:		Telephone: ()	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year):	From:	To:	Salary:
Supervisor Name and Title:	Your Job/Position Title:		
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(6) Employer:		Telephone: ()	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year):	From:	To:	Salary:
Supervisor Name and Title:	Your Job/Position Title:		
Reason for Leaving:			
May We Contact the Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(7) Employer:		Telephone: ()	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year):	From:	To:	Salary:
Supervisor Name and Title:	Your Job/Position Title:		
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(8) Employer:		Telephone: ()	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year):	From:	To:	Salary:
Supervisor Name and Title:	Your Job/Position Title:		
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			

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**IMPORTANT!
PLEASE READ BEFORE SIGNING**

COMPLETENESS AND ACCURACY OF INFORMATION

I represent that all of the information given by me in support of my application for employment is true and complete. I understand that any false, omitted or misleading information submitted during the application process will disqualify me from consideration for hire. If I have already been hired before the falsification or omission is discovered, my employment will be terminated. Information not specifically requested on the application will render the employment application unacceptable.

AUTHORIZATION FOR RELEASE OF INFORMATION AND RELEASE FROM LIABILITY

I acknowledge that a routine inquiry may be made which will provide applicable information concerning my character, general reputation, personal characteristics, and mode of living. I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment records, criminal background, past employment, and education. In accordance with the Fair Credit Reporting Act (FCRA) and other applicable regulations, I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any investigation report that is made. I release you and them from liability as a result of those inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding and may be relied upon.

NO WRITTEN, ORAL OR IMPLIED CONTRACTS

I understand that all employment with the Company is "at will". This means that just as an employee has the right to terminate the employment relationship at any time, with or without reason, the Company retains a similar right. I understand that any written company documents, or any oral statements made either during the application process or, if I am employed, after I am employed should not be relied upon by me as altering the general policy. I acknowledge that only the President of the Company has the authority to alter the at-will nature of employment, and then only by written contract specifically signed by the President of the Company.

APPLICATION ACKNOWLEDGEMENT

**I ACKNOWLEDGE I HAVE READ AND UNDERSTAND ALL THE ABOVE TERMS
AND THAT I AGREE WITH THEM.**

Name (Please Print):

Social Security #:

Applicant Signature:

Date: