

DIXIE ELECTRIC, INC.

X1 1306 Gulf Blvd. ♦ Port of Iberia X2
♦ New Iberia, LA 70562
Phone—(337) 365-3824 ♦ Fax—(337) 365-3983

APPLICATION FOR EMPLOYMENT

DATE: _____

PERSONAL

NAME: _____
LAST FIRST MIDDLE INITIAL

SS#: _____ DATE OF BIRTH: _____

ADDRESS: _____
STREET CITY STATE ZIP

PHONE#: _____ CELL#: _____

REFERRED BY: _____ POSITION APPLYING FOR: _____

DATE YOU CAN START: _____ SALARY DESIRED: _____

PRESENTLY EMPLOYED?: _____ MAY WE CONTACT?: _____

DRIVERS LICENSE#: _____

EDUCATION	NAME & LOCATION	YEAR COMPLETED	GRADUATED?	COURSE OF STUDY OR DEGREE
GRAMMAR SCHOOL			YES NO	
HIGH SCHOOL			YES NO	
COLLEGE			YES NO	
TRADE SCHOOL			YES NO	

LIST SKILLS YOU THINK WILL BENEFIT THIS COMPANY: _____

REFERENCES:

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

IN CASE OF AN EMERGENCY, NOTIFY:

NAME	ADDRESS	PHONE#	RELATION
1.			
2.			
3.			

FORMER EMPLOYERS:

DATES	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

DATE: _____ SIGNATURE: _____

MVR RELEASE CONSENT FORM

In conjunction with my employment, at Dixie Electric, Inc. ("the company"),

I _____ (employee/applicant name) Consent to the release of
(print name)
my Motor Vehicle Record (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq.. "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

Employee/Applicant Signature

Date

Date of Birth

Social Security Number (last 4 digits)

Drivers' License Number

License Expiration Date

Issuing State

Return MVR Results To:
Dixie Electric, Inc.
1306 Gulf Blvd.
New Iberia, LA 70560

(Required for all drivers)



DIXIE ELECTRIC, INC.

1306 Gulf Blvd.-Port of Iberia

P.O. Box 9784

New Iberia, LA 70562-9784

PHONE (337) 365-3824

FAX (337) 365-3983

I, _____, as the Applicant, understand that as a condition of hire with Dixie Electric, Inc., I must consent to the release of the results of all DOT mandated drug and/or alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years.

Below, I have listed all of the employers for which I have worked or pre-employment tested during the past two years. I hereby authorize my previous employers to furnish to Dixie Electric, Inc. the DOT information described below.

PREVIOUS EMPLOYER NAME	ADDRESS	PHONE NUMBER	FAX NUMBER	DATES OF EMPLOYMENT

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the check boxes. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the employers for which I have worked in a DOT safety-sensitive position during the previous two years. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

☐ Check this box if you have NOT performed DOT functions in the past two years.

☐ Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past two years.

Signature of Applicant_____
Social Security Number_____
Date

RELEASE OF PREVIOUS EMPLOYER'S DOT DRUG/ALCOHOL TESTING RESULTS

In accordance with 49 CFR Part 40.25, the company, named above, is required to obtain - and as a previous employer, you are required to release - DOT drug and alcohol information, listed below, concerning the applicant, named above. This information request covers any period of employment of the Applicant by you going back two years from the date of this request. Please complete the following:

YES* NO

1. Any DOT alcohol test results of 0.04 or greater?_____
2. Any DOT positive drug test results?_____
3. Refusal to submit to a DOT required drug/alcohol test? (incl. Adulterated or substituted specimens)_____
4. Other violations of DOT drug and alcohol testing regulations?_____
5. If "yes" for any of the above items, did the employee complete the return-to-duty process?6. Check this box if your company and/or the applicant was not subject to DOT regulations.

Note: if "yes" for item 5, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Previous Employer's Company Name_____
Name of Person Completing Form_____
Date

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (see instructions)
- ☐ A lawful permanent resident (Alien #) _____
- ☐ An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable) month/day/year

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) _____ B. Date of Rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)