



The Commitment
Company
ISO 9001

VIRGINIA TRANSFORMER CORP

(An Equal Opportunity Employer)



Employment Application

(revised March 2014)

Last Name	First	M.I.	Social Security Number
Have you ever worked, attained licensing or certification, attended school or been convicted of a criminal offense under a different name? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what is that name? Name #1 _____ Name #2 _____ Name #3 _____ Name #4 _____			
Street Address	Town	State	Zip Code
Home Phone #	Work Phone #	Email Address	
Title of the Job You're Applying For:			Job Class Code
Wage/Salary Desired: _____			
Military Service: Where you a member of the US Arm Services: Branch _____ To _____ From _____ Military responsibilities and duties:			
Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment. Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a present or former Virginia Transformer Corp. employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Department: _____ Job Title: _____ Begin Date: _____ End Date: _____			
Are you willing to work: <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays <input type="checkbox"/> Holidays			
Do you have a current Virginia Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what type? <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C			
Are you willing to travel on the job? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, are you willing to use your own vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No What shifts are you willing to work? <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd			
ADMINISTRATIVE SKILLS (subject to formal testing and work sampling) WORDS PER MINUTE			
Computer skills _____			
FOREIGN LANGUAGE SKILLS			
Language _____ Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>			
Language _____ Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>			

Education and Training

Circle Last Yr. Completed	Name and Location	Semester Hours	Quarter Hours	Major	Minor	Year Of Degree	Type Degree
High School 1 2 3 4							
College or University 1 2 3 4							
Grad School 1 2 3 4							
Prof School 1 2 3 4							
Other 1 2 3 4							

Special Licenses

Name of License, Registration or	License Number	State of Issue	Expiration Date

Important instructions for Completing Employment History

This portion must be accurate and complete. APPLICATIONS LACKING SUFFICIENT INFORMATION WILL BE REJECTED. List your entire work history including part-time, temporary and volunteer jobs. List jobs in reverse order, starting with your present or last job. List each promotion as a separate job. To evaluate your qualifications we must have accurate and complete information on previous job tasks and levels of responsibility. Part or all of your examination score may be based on your work history. Be thorough and specific in the detailing of duties. SPECIAL NOTE: If additional space is needed, attach separate sheets.

Employer #1	From (MO. & YR.) To:
Complete Address	Last Weekly Pay \$
Your Title	Hours/Week
Duties	Supervisor's Name & Title
	Phone Number
Reason for leaving	Number & Titles of Employees You Supervised

Employer #2	From (MO. & YR.) To:
Complete Address	Last Weekly Pay \$
Your Title	Hours/Week
Duties	Supervisor's Name & Title
	Phone Number
Reason for leaving	Number & Titles of Employees You Supervised
Employer #3	From (MO. & YR.) To:
Complete Address	Last Weekly Pay \$
Your Title	Hours/Week
Duties	Supervisor's Name & Title
	Phone Number
Reason for leaving	Number & Titles of Employees You Supervised
Employer #4	From (MO. & YR.) To:
Complete Address	Last Weekly Pay \$
Your Title	Hours/Week
Duties	Supervisor's Name & Title
	Phone Number
Reason for leaving	Number & Titles of Employees You Supervised
Employer #5	From (MO. & YR.) To:
Complete Address	Last Weekly Pay \$
Your Title	Hours/Week
Duties	Supervisor's Name & Title
	Phone Number
Reason for leaving	Number & Titles of Employees You Supervised

Virginia Transformer Corp. conducts background checks and pre employment drug screening.

Have you ever been convicted of any violation of law by any court of law?

Yes No

INCLUDE: Any military court martial and any guilty pleas.

DO NOT INCLUDE any conviction(s) occurring before your 18th birthday, or traffic violation(s), unless the conviction was for operating a vehicle under the influence (DUI) or resulted in your driver's license being suspended.

If yes, please list: Offense(s)

Date of Conviction(s)

_____	_____
_____	_____
_____	_____

Not all conviction(s) will automatically disqualify you from employment but will be considered in relation to specific job requirements. Omission or misrepresentation of this information will result in employment ineligibility.

References

Please provide three references of previous employers who can attest to your background.

Name	Company	Title
Address	Phone #	Length of Association
Name	Company	Title
Address	Phone #	Length of Association
Name	Company	Title
Address	Phone #	Length of Association

Please read and sign the following statement: I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for employment or, if employed, I may be dismissed. I hereby authorize Virginia Transformer Corp. Human Resources Department to whom my name is certified/referred to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize Virginia Transformer Corp. to check my driving record if the position for which I am applying requires driving. I understand that I may be asked to submit to a pre-employment drug test, a credit history check and/or a criminal history background check as a condition of employment. I authorize Virginia Transformer Corp. Human Resources Department or its assignee to obtain my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as reference, educational institution or organization (including law enforcement agencies) to provide all information that may be sought in connection with my application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment. I further understand that Virginia Transformer Corp. participates in E-Verify and will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

Signature _____ Date _____

Filling of Vacancies

SEPARATE APPLICATIONS: A complete application must be submitted for employment consideration.

RESUMES: The information submitted on this application will be the basis for evaluating an applicant's training and experience. A resume may be used to supplement this information but not to replace any of the required information.

PROOF: With this application, furnish required proof of military service, education, training, registration, certification or licensing. Legible duplicates of licenses, registrations, certifications, diplomas, transcripts and related documents are accepted.

VERIFICATION OF WORK EXPERIENCE, EDUCATION AND TRAINING: Reference checks will be completed by Virginia Transformer Corp. Human Resources Department before selection. The Human Resources Department may also verify registrations, certifications, licensing, education or training.

PROBATION PERIOD: All employees must complete at least a three-month probation period. This is part of the selection process. Failure to meet Virginia Transformer Corp. performance standards will result in termination of employment. Applicant agrees to these conditions and releases Virginia Transformer Corp. of any liabilities as a result of termination due to this agreement.

Signature _____ Date _____



AUTHORIZATION FOR CONSUMER AND/OR INVESTIGATIVE REPORT

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

Company Name: _____

Above listed Company (hereinafter "Company") may, with your written consent, obtain information about you from a consumer reporting agency for employment purposes. This means that a "consumer report" and/or an "investigative consumer report" may be requested which may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, motor vehicle records such as driving records, social security verification, workers' compensation claims (post job offer or conditional job offer), verification of your education or employment history or other background checks. This may involve personal interviews with sources such as your neighbors, friends or associates. These reports may be obtained at any time after receipt of your authorization, and if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to National Crime Search, Inc., 3452 E. Joyce Blvd., Fayetteville, AR 72703 – 888-527-3282. For information about National Crime Search, Inc's privacy practices see dominionpayroll.nationalcrimesearch.com. The scope of this notice and authorization is not limited to the present and, if you are hired, will continue and allow Company to conduct future screening for retention, promotion or reassignment (unless revoked by you in writing). Company also reserves the right to share background investigation results with any third-party companies for whom you will be placed to work with as a representative of Company. Your information will only be used and/or disclosed as permitted by law and as required for creation of any report(s).

ACKNOWLEDGMENT AND AUTHORIZATION

I hereby authorize National Crime Search, Inc. to obtain a consumer report and/or investigative consumer report on me, as applicable. I have read and understand the above statement and hereby give my express permission to complete this investigation. I acknowledge that Company has provided me with a copy of *A Summary of Your Rights Under the Fair Credit Reporting Act* .

_____		_____	
Signature		Today's Date	
_____		_____	
Full Legal Name (please print)		Other or Former Names (please print)	
_____	_____	_____	_____
Address	City/State	County	Zip
_____	_____	_____	_____
Date of Birth	SSN	Driver's License #	State issued

New York applicants or employees only

You have the right to inspect and receive a copy of any investigative consumer report requested by the Organization by contacting National Crime Search, Inc. directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by signing above.

CA, MN, OK only

I understand that if the above named employer requests a copy of my consumer report for employment purposes, I have the right under California, Minnesota, and Oklahoma law to receive a copy of that consumer report from the employer free of charge. I understand that by checking "yes" below, a copy will be provided to me at the address I provided above.

I would like to receive a copy of my consumer report (background check) (CA, MN, OK only) Yes No

Your Background Screening Partner

NCS | 3452 E Joyce Blvd | Fayetteville, AR 72703 | 479-695-2111 | dominionpayroll.nationalcrimesearch.com | support@checknics.com

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act (FCRA)

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to pursue legal action.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center –FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>