



EMPLOYEE RECORD SHEET

For New Hires, Re-hires and Employee Record Changes

- New Employee
 Re-hire
 Change(s)

Effective date of change: _____

SECTION 1: Employee Complete and Sign (please print clearly)

Employee Name _____ Social Security # _____
First Name Middle Initial Last Name (as shown on SS card)

Employee Personal E-mail Address _____
Your personal email address may be used to send pay stubs or other employment related information.

Employee Name Change (if applicable) _____ (as shown on SS card)

Address _____

City _____ State _____ Zip _____

Primary Phone Number _____ Male Female Date of Birth _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone Number _____

NEW EMPLOYEE ONLY: I certify that the information on this form and my employment application and/or resume is true, complete, and correct to the best of my knowledge and belief. I understand that I may be required to successfully complete a medical exam for initial and continued employment. I further understand that my employment is at will and agree that it is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any reason or no reason, without prior notice. Neither I nor the employer have agreed on any specific period of employment, nor any specific pay or benefits unless otherwise set forth in a separate contract. I agree that all claims, disputes and controversies between and among employees and any employee and employer, administrative employer, all agents, or any other person shall be exclusively and finally settled through the Alternate Dispute Resolution process.

I understand the requirements of this position and acknowledge I am able to perform all essential job functions with or without reasonable accommodations.

Employee Signature: _____ Date _____

SECTION 2: Employer Complete and Sign (please print clearly)

Employee Begin Date: _____ Client Original HireDate: _____

Job Title / Position: _____ Department _____ Work State _____ W/C Code _____

<p>Schedule:</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p>Scheduled Hours per Pay Period: _____</p>	<p>Payroll Frequency:</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly</p>	<p>Employee Type:</p> <p><input type="checkbox"/> Regular <input type="checkbox"/> On Call <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal</p>
<p>Is employee eligible for overtime pay according to Fair Labor Standards Act? <input type="checkbox"/> Yes (Hourly) <input type="checkbox"/> No (exempt from overtime)</p> <p>Pay Type/Rate: <input type="checkbox"/> Hourly \$ _____ per hour <input type="checkbox"/> Salary (exempt from OT) \$ _____ <input type="checkbox"/> per pay period or <input type="checkbox"/> per year <input type="checkbox"/> Commission <input type="checkbox"/> Piecework</p>		

Other Allowances Per Pay Period _____

Additional Comments: _____

Employer/Client Signature _____ Date _____

** In order to process payroll, this form must be submitted to ERM with a completed and signed Form W-4, Form I-9, Applicable State Withholding/Labor Forms, Alternate Dispute Resolution Agreement (ADR), and Work Permit (where applicable).



ALTERNATE DISPUTE RESOLUTION AGREEMENT

The **Employee** whose signature is affixed hereto recognize that there are many advantages to using mediation and arbitration to settle any and all legal disputes and claims, including, but not limited to, all those arising from or in the course of employment. The **Employee** agrees that for many reasons, lawsuits and court actions are disadvantageous to both and that the many benefits and advantages to all parties include: speed of process, cost effectiveness, privacy and confidentiality, use of specialized and experienced decision-makers, and complete due process and fairness to all parties.

In consideration of these many benefits, the continuation of the employment relationship, and by other agreements, the parties hereto mutually agree that this document ("Agreement") shall govern the resolution of all claims and disputes between them. The parties further agree that this Agreement shall include all such claims and disputes involving **Employer's** customers and clients, administrative employers, all agents and other employees, all subsidiaries, affiliates and parent companies and any other person or entity that has agreed to this process.

THEREFORE, Employer and Employee agree that any claim or dispute between them or against the persons or entities named above, whether related to the employment relationship or otherwise, including those created by practice, common law, court decision, or statute, now existing or created later, including any related to allegations of violations of state or federal statutes related to discrimination, and all disputes about the validity of the arbitration clause, shall be exclusively resolved, utilizing a two-step Alternate Dispute Resolution (ADR) process, as follows:

1) First, through mediation utilizing the Rules and Mediator provided by Dispute Systems, Inc., a neutral entity, or its successor; and

2) Failing settlement by mediation, the parties agree that all claims and disputes, including those of jurisdiction and arbitrability, shall be resolved by neutral binding arbitration conducted by the National Arbitration Forum (NAF), under the NAF Code of Procedure in effect at the time any claim is made, this Dispute Resolution Agreement and the Arbitration Rules of Dispute Systems, Inc., or its successor, which are incorporated herein by reference. The parties stipulate that this Agreement involves transactions in interstate commerce, is subject to the Federal Arbitration Act, invoke its jurisdiction and agree that any award of the arbitrator(s) may be entered as a judgment in any court of competent jurisdiction.

This is a legal document and any questions or concerns about it should be discussed with legal counsel of **Employee's** choice at his/her expense. **By signing this Agreement, the parties are giving up any right they may have to sue each other. Any right to trial by jury or judicial appeal is expressly waived.**

This Agreement incorporates the entire Agreement of the parties and supersedes and replaces all prior Agreements, written or oral, if any, and may not be changed, except in writing and signed by all parties. This Agreement does not create a contract of employment or in any way alter the "at-will" status of the employment relationship. This Agreement survives the employment relationship.

*You, the **Employee**, in signing below, do individually and on behalf of your heirs, successors, spouse, beneficiaries, administrators, curators, tutors, representatives and assigns, certify that you have actually read, understand and accept all of the terms, conditions and provisions contained in this Agreement.*

Employee Signature _____ Date _____

Printed Name _____



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name Dave's Electrical Sevice	
Employer's Business or Organization Address (Street Number and Name) 116 W Jackson St		City or Town Hugo	State OK	ZIP Code 74743

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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New Employee Safety Compliance Training

Nothing shall supersede **SAFETY!**

PURPOSE

It is the policy of this company, and in accordance with the Occupational Safety & Health Administration (OSHA), 29 Code of Federal Regulations (CFR) to provide you training in the regulatory requirements of the OSHA Standard having jurisdiction over this training topic.

These safety rules are put in place to send you back to your loved ones at day's end just like you came - alive & well!
 ANYTHING LESS IS UNACCEPTABLE! Our project goal is ZERO accidents!

WHAT WE DO AT TMES IS VERY DANGEROUS! FORGET WHAT WE TALK ABOUT TODAY & YOU TOO CAN BECOME PART OF MY SHOW & TELL!!!!

TOPICS DISCUSSED DURING TRAINING

	Employee will receive a \$30 allowance to cover PPE costs. All training costs will be company provided.
	Watch Safety Orientation Video and/or BOP throughh OSC
	Hardhats are mandatory for everyone when on the jobsite *The only time hardhats are not required is when 1) Riding in Vehicle 2) During Lunch & Break 3) In staging area/yard during morning assembly 4) Mechanics working under trucks or equipment 6) Office personnel when working in office - must wear outside office
	Employees must wear their hardhats, safety glasses, & face shields at all times when the job task requires it.
	Safety Glasses, Steel Toe Boots, Ear Plugs, FRC's (if required for site), Leather Gloves or Gloves & all other PPE shall be worn when on the jobsite
	All accidents/incidents/unsafe work practices should be reported immediately to the safety tech or supervisor on site
	The use of cell phones (including texting) and two way radios is prohibited when driving. Employees must pull over to a safe location before using electronic devices, unless an approved hadsfree device is in use. This is the LAW.
	The use of cell phones (including texting) for personal purposes during working hours is strictly prohibited unless it is under emergency circumstances.
	No Fire Arms, Pets, Visitors, Alcoholic Beverages, or Illegal Drugs are allowed at anytime on company property, vehicles, personal vehicles, work sites, or on their person
	All employees shall be subject to federal drug & alcohol testing regulations
	The speed limit on all jobsites & company property shall be 15 mph or less. Company drivers are required to follow all posted speed limits on public roads as well as all local, county, state, and federal motor vehicle laws.
	Keep all fingers, hands, arms, legs, head, and toes away from suspended loads. This includes toes under lo-boys.
	Unlawful harassment or discrimination of any kind including sexual harassment or discrimination will not be tolerated and should be reported immediately.
	There is NO SMOKING on the jobsite at anytime. Unless special arrangements are made for a particular jobsite, all smoking must be done outside the jobsite gates.
	Environmental concerns and permits will be directed to your supervisor and all spills should be reported immediately to the jobsite superintendent
	OSHA mandated posters are located at the office or in the jobsite trailer
	There will be absolutely no riding on equipment unless you are the operator
	For safety reasons no jewelry is permitted
	Good housekeeping practices must be followed. Pick up your trash, tools and materials as you are working.
	Job Specific Safety Requirements - Know the job you are on, and their "special" requirements exceeding OSHA Standards.
	All ladders must be tied off or a person must be the holding the ladder for suspension.
	Tie Off/Harness must be worn above 6'
	Harness must be worn on all ariel equipment
	Clear Glasses must be worn inside buildings. NOT TINTED
	No crossing barricades whatsoever. Cutting the corner when "no one was around" will not be allowed. Eyes are always watching.
	All ditches must be packed in 12" lifts
	All equipment must have a spotter. NO EXCEPTIONS
	All OSHA Standards are to be followed.
	No one is to operate equipment without a certification and card must always be on you.

ACKNOWLEDGMENT

Failure to follow the above safety results will result with the following disciplinary actions:

Showing up w/o Proper PPE	If you show up without the proper PPE to perform your job duties, you cannot work until you have it. If you arrived in a company vehicle, you will not be allowed to leave in the vehicle to obtain the PPE. You can either leave extra in the truck, in the field office, in the shop, or ask a fellow employee to borrow an extra of their PPE.
1st Offense	1 Day off with no pay.
2nd Offense	1 Week off with no pay.
3rd Offense	Immediate Termination of employment

I acknowledge that I have received training in the topics mentioned above. I was given the opportunity to ask questions, and all my questions have been satisfactorily answered at the present time. I further understand that I may contact my supervisor and/or the Safety Officer at any time if I have questions or concerns relating to any safety topic. I understand that violations of the established Safety Standards will result in disciplinary action, up to and including termination of employment pending the severity and time frame between offenses determined at the owners discretion. All prior offenses are null in void, the above standards and disciplinary actions take place immediately following the signing of this document.

Employee Signature:	Date:
Manager Signature:	Date:

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ _____ ▶ _____
Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



116 W. Jackson St
Hugo, OK 74743
(580) 326-7700
dave@daveselectricalservice.com

COVID Policy

If you are experiencing COVID symptoms, primarily loss of smell, taste and running a fever, you will be required to quarantine for 10 days upon initial date of symptoms and/or provide a negative COVID test taken 3 days after initial onset of symptoms. As we are fully aware that working and the proximities that we are in that there is a risk, but knowingly coming to work with these symptoms to expose others to take home to their families is unacceptable. We are also aware that there are other illnesses that arise such as colds, flu's and bugs, if you are not feeling well, please state so, stay home and rest. It is at the employee's discretion to determine if they have the COVID symptoms as opposed to general illnesses that come and go, just be consciously aware of the other people around you and the risks that you expose them to.

Dave's Electrical Service & Systems is not responsible for any expenses due to COVID Testing, nor will the employee be paid for the time taken off. The employee is allowed to use their accumulated vacation time to cover their time off.

I _____ have read the above policy fully, understand the policy, and will adhere to said policy above.

Employee Signature :

Date:



Absentee Policy

Beginning January 1, 2023 the following Absentee policy will be implemented after 6 months of employment.

- In addition to your vacation, you will receive three (3) unpaid personal days and two (2) unpaid sick days in a calendar year.
 - Less than two weeks' notice to take off
 - Personal and children's illnesses
 - Family Emergencies
 - Phone not waking you up
 - Personal Emergencies

- In the event you miss a scheduled workday by not showing up or calling in the day of and you are out of personal days, you will not be paid travel for that work week.
- Absences beyond your personal and sick days that are not scheduled two weeks in advance and not accompanied by doctors' notes and/or deaths in the family will be deemed unexcused.
- If absences proceed beyond your personal and sick days, disciplinary action will be taken.
- You must work at a minimum 6 hours on the site to receive travel pay for that day.

I _____ have read and understand the above policy.

Employee Signature: _____

Witness Signature: _____



Roles & Responsibilities

Apprentice Year One – 0-2000 hours

The following roles and responsibilities are minimum requirements and expectations of an Apprentice. An apprentice electrician must have a high mechanical aptitude and be good with his or her hands. He or she must be able to follow direction, as most jobs begin with a blueprint that details where electrical devices need to be installed. He or she also needs to know where to look for issues and be a capable problem solver. He/She should be organized, analytical and provide the necessary strength and stamina for a job that involves occasional heavy lifting and flexibility. On top of those things, apprentices need to be able to act on the instructions from a supervisor and work well alone or as members of a team.

- Follow Safety regulations and foster a culture of workplace safety.
- Assist the Journeyman Electrician and follow instructions.
- Prepare and clean work areas.
- Carry and deliver materials.
- Use measuring equipment and hand tools to perform work Correctly.
- Working irregular hours and overtime when required.
- Communicating with clients in a professional, courteous manner at all times.
- Willingness to learn and work when required.
- Ability to handle criticism appropriately and make the appropriate changes.
- Learn tools and Materials by the correct Name/Terminology
- Maintain/Acquire required tools.

Required Tools

<ul style="list-style-type: none"> • Tool Pouch • 9" Klein Side Cutters • 8" Klein Needle Nose • Straight Screw Driver 4" x 1/4" • Straight Screw Driver 6" x 3/16" • Straight Screw Driver 6" x 3/8" • Phillips Screw Driver • Wire Strippers • Voltage Tester – Square D Wiggy or equal • 2 Pairs of Channel Locks • 25' Measuring Tape, minimum 1" wide • Hacksaw – Klein or equal • Nut Driver Set • Allen Wrenches up to 1/2" • Open End, Box End Wrenches (standard) • Socket Set 3/8" • 24" Level 	<ul style="list-style-type: none"> • Hammer – (16-20oz.) • Pencil • Knife • Torpedo Level • Cold Chisel 3/4" • Tin Snips – Aviation type, yellow handle • Roto-Split • Scratch Awl • Flashlight • Dikes 8" (cutting pliers) • Work Boots Steel Toe • All other PPE, Safety Glasses, Hard Hat, High Vis • Crescent Wrench 10" • Hand KO Punch 1/2" • 2 – Channel Locks 14" • Polarity/GFI Tester
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Physical Job Description:

Job Title:	Electrician Apprentice
Typical Working Conditions: (Describe environment including exposure to heat, cold, fumes, chemicals, allergens, mold, etc.)	Electricians’ work is often strenuous. They may stand for long periods and frequently work on ladders and scaffolds. Their working environment varies, depending on the type of job. Some may work in dusty, dirty, hot, or wet conditions, or in confined areas, ditches, or other uncomfortable places. Electricians risk injury from electrical shock, falls, and cuts; to avoid injuries, they must follow strict safety procedures. Some electricians may have to travel to jobsites, which may be up to 100 miles away or further.
Equipment Used: (List all manual and automated equipment used in the course of performing essential functions.)	Electricians use hand tools such as screwdrivers, pliers, knives, and saws. They also used power tools such as band saws, Sawzall’s and drills and testing equipment such as voltmeters, ammeters and ohmmeters.
Essential Physical Tasks: (List all physical tasks encountered in performing essential functions.)	Identifying and separating wires by color. Digging trenches and working in trenches. Breaking concrete with jackhammer or other tools. Assisting in the moving, positioning, and fastening of heavy electrical equipment. Lifting, positioning, and fastening objects such as light fixtures, wire, conduit, junction boxes, motors, and other equipment. Carrying material and tools from location to location or floor to floor. Working from A-frames, extension ladders and scaffolds at various heights. Crawling under floors and working in attics where space is limited. Working under hot and cold weather conditions, indoors and outdoors. Lifting and working with tools and equipment above head.

I _____ agree to the terms of Roles and Responsibilities as an Apprentice Year One
Applicant (PRINT)
while under employment of Dave’s Electrical Service & Systems. Failure to do so may result in re-classification, decrease in wages, and/or termination.

Applicant Signature

Date

Witness Signature

Date

Construction Industries Board

2401 N.W. 23rd Street, Suite 2F
Oklahoma City, OK 73107
Telephone: (405) 521-6550
Website: www.ok.gov/cib



**OFFICE USE ONLY:
DO NOT WRITE IN THIS SPACE**

Reg. No. _____

Expires ___ / ___ / ___

APPRENTICE APPLICATION

Apprentice card will expire one (1) year from the date the card is issued.

Fees: Total of \$25.00 (\$20.00 Registration fee plus \$5.00 Application Fee)

(Please Print)

TRADE: Choose one **Plumbing** _____ **Electrical** _____ **Mechanical** _____

Name _____ Birthdate _____ / _____ / _____
Last First Middle

Mailing Address _____ SSN _____

City _____ State _____ Zip _____ Telephone _____

Are you a U.S. Citizen? YES _____ NO _____ (If no, please provide Immigration Document)

Applicant's signature _____ Date _____

The licensed contractor with whom you are employed must complete the following:

Firm Name Dave's Electrical Service & Systems

Address 116 W Jackson St.

City Hugo State OK Zip 74743 Telephone 580-326-7700

Contractor's name David Quillen License # 05774
(as printed on state license)

Contractor's signature _____ Ctrl # _____

INSTRUCTIONS

1. Except for signature lines, print all information.
2. Original signature only, **NO COPIES!**
3. Use your legal name only (NO NICKNAMES). Include Jr., Sr., II or III, if applicable.
4. **Complete Affidavit Verifying Lawful Presence in the United States (on back of application).**

Return the completed application along with payment of required fees to the address shown above. Fee payment should be submitted by check or money order payable to: **Construction Industries Board or CIB.**

Instructions for Required Affidavit:

All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma Construction Industries Board are required, by the provisions of 56 O.S. § 71, to provide the Board with verification of lawful presence in the United States by executing the Affidavit shown below before a notary public or other officer authorized to notarize affidavits under State law. The Board’s licensing office is staffed with notaries who are available to provide notary service at no cost to Applicants.

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Affidavit of

_____)
[Applicant's Full Name]) ss:
COUNTY OF _____)

I _____, of lawful age, being first duly sworn, upon oath state, under penalty
[Applicant's Full Name]

of perjury, as follows:

Please check the appropriate box:

Option 1: I am a United States Citizen.

Option 2: I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. *For this Option, a copy of a valid immigration document which reflects the applicant's "A" number or "I-94" number must accompany this Affidavit.*

[Signature of Applicant]

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____, by

[Applicant's Name – Please Print]

[Signature of Notary]

My Commission Expires: _____

My Commission Number: _____

(Notary Seal)



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

APPRENTICE ELECTRICIAN LICENSE APPLICATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER. MAKE CHECK OR MONEY ORDER PAYABLE TO TDLR.

1. **NAME** – Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix).
2. **DATE OF BIRTH** – Write your birthdate.
3. **GENDER** – Select whether you are male or female.
4. **SOCIAL SECURITY NUMBER** – Social Security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:
www.texasattorneygeneral.gov/child-support or call (512) 460-6000 or (800) 252-8014
5. **MAILING ADDRESS** – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
6. **PHYSICAL ADDRESS** – Write your physical address of your residence. Do not use a post office box for this address.
7. **PHONE NUMBER** – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
8. **EMAIL ADDRESS** – Write your email address only if you agree to the following statement. By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
9. **CRIMINAL HISTORY** – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf.

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm.

10. **DISCIPLINARY ACTION HISTORY** – Indicate if you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/DisciplinaryActionQuestionnaire.pdf.
11. **STATEMENT OF APPLICANT** – Carefully read the statement of applicant before dating and signing your application.

APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES:

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the **Military Service Member, Military Veteran or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at: <http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the TDLR Military Information web page at: <http://www.tdlr.texas.gov/military.htm>.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at tdlr.texas.gov or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

APPRENTICE ELECTRICIAN LICENSE APPLICATION

DO NOT WRITE ABOVE THIS LINE

YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

APPLICATION FEE: \$20 (FEE IS NON-REFUNDABLE)

1. Name:

_____ Last, First, Middle Name, Suffix

2. Date of Birth:

_____ Month / Day / Year

3. Gender:

Male Female

4. Social Security Number:

(See instruction sheet for disclosure information)

5. Mailing Address: (Used to receive mail from TDLR) (PO box is allowed for this address)

_____ Number, Street Name, Suite Number/Apartment Number

_____ City, State, Zip Code

6. Physical Address: (PO box is not allowed for this address)

_____ Number, Street Name, Suite Number/Apartment Number

_____ City, State, Zip Code

7. Phone Number:

_____ (Area Code) Phone Number

8. Email Address:

_____ (Ex: johndoe@gmail.com) See instruction sheet for disclosure information

9. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

Yes No

If YES, complete and attach a Criminal History Questionnaire for each offense.

See instruction sheet for more information

10. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state?

Yes No

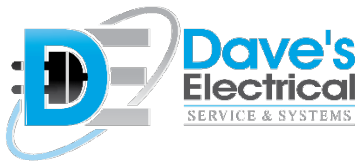
If YES, attach a Disciplinary Action Questionnaire to this application. (This does not include your driver license.)

11. STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable provisions of the Electrician Act; Texas Occupation Code, Chapter 1305 and Chapter 51; Texas Administrative Code, Chapter 60; and the Electricians Administrative Rules, Texas Administrative Code, Chapter 73. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

_____ Date Signed

_____ Signature of Applicant



Apprentice Program

Dave's Electrical Service & Systems requires the Electrical Apprentice to go through the DOL approved Apprenticeship program to maintain employment and to build a career for themselves. This program is equivalent to a four-year program obtained through a college, technical school, or any other program providers. While the program is done on the employee's own time, Dave's Electrical Service & Systems provides a way for the Apprentices to obtain the knowledge and skills along with working to obtain the hours needed to take the Electrical Journeyman's test when the time arises. The following policies will fall under the Apprentice program in agreement with the _____ and Dave's Electrical Service & Systems.

Program Requirements

- Apprentice is required to complete each programs quarter within 3 months, resulting in 1 year completion of program.
 - *Example –*
 - 1st Year Quarter 1 – Completed within 3 Months (October 1 - December 31)
 - 1st Year Quarter 2 – Completed within 3 Months (January 1 – March 31)
 - 1st Year Quarter 3 – Completed within 3 Months (April 1 – June 30)
 - 1st Year Quarter 4 – Completed within 3 Months (July 1 – September 30)
- If the program quarters are not completed within the 3-month time frame, then the employment beyond that point will be reviewed and discussed.
- If the Program year test is not passed with a minimum of 70% or completed within the year time frame, then the employment beyond that point will be reviewed and discussed.
- Apprentice cannot excel in program years and pay scale past where they fall in Verifiable Hours.

Program Incentives

- All books and material will be provided at the cost of DES.
- Each Apprentice will be paid based upon the scale below within the program year completed and passed with a C/70% or above.
- Apprentices with existing experience will be placed within the pay scale and program year based on passing of placement test; NOT existing verifiable hours.
- New Hired apprentices with no previous experience will begin with year 1 Day 1.

Pay Scale			
Apprentice Year	Pay Scale	Apprentice Year	Apprentice Year
1 Q1-2	\$ 18.00	1 Q3	\$ 19.00
1 Q4	\$ 20.00	2 Q1-2	\$ 21.00
2Q3-4	\$ 22.00	3 Q1-2	\$ 23.00
3 Q3-4	\$ 24.00	4 Q1-2	\$ 25.00
4 Q3-4	\$ 26.00		

Dave's Electrical Service & Systems

KOPPS ON THE RUN L.L.C.

DOT and Non-Dot Drug and Alcohol Collection Facility

2689 US 70 Hwy Hugo, Ok 74743

Tel: 580-326-9400

Fax: 580-326-9411

Arrival Date: _____ PO # _____

Employee: _____ SS# (Last 4) _____

Phone number: _____ Employee # _____

Type of Test or Service:

PFT's, Respirator's, & Misc.			
	PFT		OSHA Supplied Air training
	Scott AV 2000 Full Face		3M6000 Full Face
	3M6000 Half Face		Chromium VI Blood Draw
	DOT Physical		Non-DOT Physical
	5 Panel Instant Drug Test	✓	10 Panel Instant Drug Test
	FCE (functional Capacity evaluation)	✓	DOT Urine Drug Screen
	Scott AV3000 FF	✓	S2 Verify Background Check
	3M7800 FF		COVID-19 Saliva Test (Instant)

(Labs Reason considered Pre-Employment unless otherwise indicated)

Please email protocol to oklahoma@koppsontherun.com