

# Miracles Electrical Contractors, Inc.

2947-C Honolulu Ave, La Crescenta CA  
Phone: (818) 248-1240 Fax: (818) 248-1449  
State Contractors License # 782030

## PRE-EMPLOYMENT APPLICATION

Our company is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Applicants must respond to all questions. If not response is possible, (for example, if the applicant did not attend college) "None" should be entered on the appropriate line. Failure to complete all parts of this form will result in rejection of the application.

### PERSONAL:

DATE: \_\_\_\_\_

Name  
: \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_

Current  
Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip

S.S. # \_\_\_\_\_ Are you over 18 yrs. old?  Yes  No

Driver's License:  Currently Valid  Currently Invalid / Do Not Have One

State Number: Type/Class:  
: \_\_\_\_\_ s: \_\_\_\_\_

Are you a citizen of the U.S., or do you have the legal right to be employed in the United States?  Yes  No

Have you ever been convicted of any crime (excluding minor traffic violations) including DUI? (Note the term "conviction" includes pleas of no contest)  Yes  No If Yes, state the offense, location, date and disposition:  
\_\_\_\_\_  
\_\_\_\_\_

Who should be contacted in case of emergency?

\_\_\_\_\_  
Name Relationship

Address

Phone Number

**EMPLOYMENT DESIRED:**

What type of work are you seeking?  Full Time  Part Time  Temporary or Summer/Seasonal

Position applied for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Date available to start: \_\_\_\_\_

Ever applied to our company before?  Yes  No      Ever worked for our company before?  Yes  No

If your answer to either above question was Yes, state when and where you applied and/or worked.

\_\_\_\_\_

How did you learn of our company and/or position? \_\_\_\_\_

Are you now, or do you expect to be engaged in any other business or employment?  Yes  No

Are there any days or hours you would be unable or unwilling to work?  Yes  No

If Yes, please specify: \_\_\_\_\_

**EDUCATION:**

Name & Location	Dates	Graduate ?	Courses Studied
High School	From:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma/ Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No
	To:		
College	From:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma/ Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No
	To:		
Trade School	From:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma/ Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No
	To:		

If you did not graduate, why did you leave high school \_\_\_\_\_

or college? \_\_\_\_\_

Are you planning to pursue further studies? \_\_\_\_\_

Yes  No

If Yes, when, where and what courses? \_\_\_\_\_

List any scholastic honors, offices held and activities during high school and college: \_\_\_\_\_

List and describe any other School or Specialized Training: \_\_\_\_\_

**HEALTH:**

Do you have any physical or mental defect or illness that may limit your ability to perform the particular job for which you are or applying, or which would prevent you from performing those functions in a manner which would not endanger your health and safety or the health and safety of others?  Yes  No

If the Response is Yes, describe the nature and scope of reasonable accommodation which you believe would enable you to perform the essential functions of the job and/or perform these functions in a manner which would not endanger your health and safety or the health and safety of others. Attach an additional sheet if necessary.

Date of last physical exam: \_\_\_\_\_

Result s: \_\_\_\_\_

Have you ever been injured on the job? \_\_\_\_\_

Yes  No

If Yes, please describe the injury: \_\_\_\_\_

Nature of Injury	Employer when Injured	Year	Cause of Injury
1.			
2.			
3.			
4.			

Will you abide by the safety rules of this company? \_\_\_\_\_

Yes  No

Are you willing to take a physical exam and a drug screen at the company's expense? \_\_\_\_\_

Yes  No

Have you ever received treatment for alcohol or drug use? \_\_\_\_\_

Yes  No

Have you used any illegal drug, including marijuana, in the last 12 months? \_\_\_\_\_

Yes  No

Days lost to illness in the last two years due to illness: \_\_\_\_\_

Reason: \_\_\_\_\_

**WORK HISTORY:**

If you worked in any of your previous positions under another name, please give that name.

Are you presently employed?  Yes  No      If Yes, may we contact your present employer?  Yes  No

Have you ever filed an employment related lawsuit (excluding a worker's compensation or unemployment benefit claim against a former employer)?  Yes  No      If Yes, give details:

Please list the names of employers in consecutive order with present or most recent listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Name and Address of Employer	Name & Title of Last Supervisor	Dates Employed	Pay
		<b><u>From</u></b>	<b><u>Startin</u></b>
		Mont h: .....	<b><u>g:</u></b> \$
		Year: .....	per
		<b><u>To</u></b>	<b><u>Ending</u></b>
		Mont h: .....	\$
		Year: .....	per
Telephone	Nature of Business:		
Last Title:	Reason Leaving:		
Duties:			
Name and Address of Employer	Name & Title of Last Supervisor	Dates Employed	Pay
		<b><u>From</u></b>	<b><u>Startin</u></b>
		Mont h: .....	<b><u>g:</u></b> \$
		Year: .....	per
		<b><u>To</u></b>	<b><u>Ending</u></b>
		Mont h: .....	\$
		Year: .....	per
Telephone	Nature of Business:		
Last Title:	Reason Leaving:		
Duties:			

\_\_\_\_\_

Name and Address of Employer	Name & Title of Last Supervisor	Dates Employed	Pay
		<b><u>From</u></b>	<b><u>Startin</u></b>
		Mont h: _____	<b><u>g:</u></b> \$
		Year: _____	per
		<b><u>To</u></b>	<b><u>Ending</u></b>
		Mont h: _____	\$
		Year: _____	per
Telephone	Nature of Business:		
Last Title:	Reason Leaving:		
Duties:			

Name and Address of Employer	Name & Title of Last Supervisor	Dates Employed	Pay
		<b><u>From</u></b>	<b><u>Startin</u></b>
		Mont h: _____	<b><u>g:</u></b> \$
		Year: _____	per
		<b><u>To</u></b>	<b><u>Ending</u></b>
		Mont h: _____	\$
		Year: _____	per
Telephone	Nature of Business:		
Last Title:	Reason Leaving:		
Duties:			

**SPECIAL SKILLS:**

Do you  Yes  No  
type? WPM: \_\_\_\_\_

Do you take  Yes  No  
Shorthand? WPM: \_\_\_\_\_

What languages do you speak fluently? \_\_\_\_\_

Please list any computer programs in which you are proficient, as well as the last date you used the program.

Program	Version	Windows or MAC?	Type, e.g. wp, d-base, etc.	Date Last Used
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**REFERENCES:**

Give three references, not relatives or former employers:

Name	Address	Phone	Occupation
1.			
2.			
3.			

**TERMS AND CONDITIONS OF EMPLOYMENT**

1. Any offer of employment by Miracles Electrical Contractors, Inc. is conditioned upon the applicant providing acceptable proof of identity and authorization to work in accordance with the immigration laws of the United States. Any offer of employment is further conditioned upon the results of a medical examination, if such an examination is required of applicants for the position for which the application is made.
2. Offers of employment with Miracles Electrical Contractors, Inc. are also conditioned upon the execution of an employment dispute arbitration agreement, which must be signed and returned to the company's Human Resources department prior to the applicant beginning work with the company.

**CERTIFICATION**

I certify that the responses by me to inquire in this pre-employment application are true and correct to the best of my knowledge and belief. I understand and agree that any false or misleading statements on this application shall be grounds for the rejection of my application, or, if I am employed, the immediate termination of my employment upon discovery, without further notice or warning. I understand and agree that my employment with the company shall have no specified term, and may be terminated by me or The Company at any time, with or without cause, upon notice to the other. I also understand that this at-will status can be altered only by a written agreement signed by the President of The Company and by me.

**ACKNOWLEDGEMENT**

I acknowledge that I have read and understand the terms and conditions of employment set out above. I understand that these terms and conditions of employment supersede all prior representations made to me by The Company before or during the execution of this application form, and I further acknowledge that they contain all of the agreements between The Company and myself with respect to the subjects covered. In consideration of employment with Miracles Electrical Contractors, Inc., I agree to be bound by each of these terms and conditions during by employment with The Company.

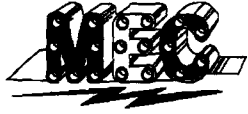
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Applicant's Signature

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Date

Note: In the event that the applicant is not hired, this application will expire thirty (30) days from the date on the application.



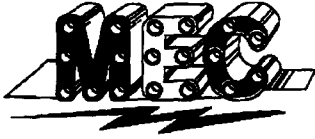
# Miracles Electrical Contractors, Inc.

State Contractors License # 782030

## EMPLOYEE DATA SHEET

FULL NAME: _____		
First	Middle	Last
DATE OF BIRTH: _____	S.S. #: _____	
ADDRESS: _____		
PHONE #: _____	PRSNL. PAGER#: _____	
D. L. #: _____	D.L EXP DATE: _____	
SPOUSE'S NAME: _____		Birthdate: _____
CHILDREN: _____	NONE: <input type="checkbox"/>	
<u>Name</u>	<u>Birthdate</u>	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
WHO TO CONTACT IN CASE OF EMERGENCY:		
Name: _____	Relationship: _____	
Home #: _____	Work #: _____	
Pager #: _____	Mobile#: _____	
Address: _____		
<b>FOR OFFICE USE ONLY</b>		
Starting Date:	Starting Pay:	Title at time of Hire:





# Miracles Electrical Contractors, Inc.

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## PRE-EMPLOYMENT INQUIRY RELEASE

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In connection with my application for employment with Miracles Electrical Contractors, Inc., I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me, including consumer credit, criminal records, driving records, education, prior employment verification, worker's compensation claims and others. These reports will include experience along with reasons for termination with past employment. Further, I understand that you will be requesting information from various Federal, State and other agencies, which contain my past activities.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I have the right to make a request of CIC Applicant Background checks, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract). I hereby consent to your obtaining the above information from CIC and/or any of their licensed agents. I understand to aid in the proper identification of my file or records of the following information, as well as other information, is necessary.

### PLEASE PRINT

DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
Last                                      First                                      Middle

Home Phone: \_\_\_\_\_

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

S.S. #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Number                                      Street

\_\_\_\_\_

City

State

Zip

Signature \_\_\_\_\_

Today's Date: \_\_\_\_\_



# Miracles Electrical Contractors

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## REQUIRED TOOL LIST

<p>Allen Wrenches:              Metric              SAE</p> <p>Cable Cutters - Small</p> <p>Channel Locks:*              Small*              Medium*              Large</p> <p>Combination Square</p> <p>Crescent Wrench:              Medium              Large</p> <p>Dyke Pliers</p> <p>File:              Half-Round              Rat Tail</p> <p>Hacksaw (good quality)*</p> <p>Electrician's Hammer</p> <p>Hex Tip Magnetic Holder</p> <p>Key Hole Saw</p> <p>Level*</p> <p>Linemen Pliers*</p> <p>Needle Nose Pliers*</p> <p>Nut Drivers:              Red           Blue              Yellow       Brown              Green</p>	<p>Open &amp; Box-End Wrenches:              Metric              SAE</p> <p>Pencils*</p> <p>Plumb Bob</p> <p>Pouch*</p> <p>Screwdrivers:              Phillips and Straight Blade*                  Small*                  Medium*                  Large*</p> <p>Socket Set:              Metric              SAE W/Allen's</p> <p>Sta-Kon Pliers*</p> <p>Strippers*</p> <p>Tap Set</p> <p>Tape Measure*</p> <p>Tester:              Voltage/Amperage*</p> <p>Tin Snips*</p> <p>Tool Box With Lock*</p> <p>Utility Knife*</p>
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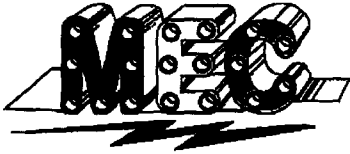
\*Indicates required tools to begin with. The rest can be added.

**Note:** All tools must be engraved with your name.

**I agree to stock my personal tool box with the above tools marked with a "\*" within two weeks of the undersigned date. The remaining tools on this list must be stocked within 1 month.**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Date



## *Miracles Electrical Contractors, Inc.*

2947-C Honolulu Ave, La Crescenta, Ca. 91214

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### **MISSION STATEMENT AGREEMENT**

This agreement confirms that I have received explanation of the personal mission statement, agree to generate a personal mission statement within the first 90 days of my employment with Miracles Electrical Contractors, Inc. Along with the Mission Statement, I also agree to produce a list of ten (10) personal goals.

I understand that these two documents will be displayed along with the statements of the other employees, or that if I have a specific work area, I may place my mission statement where I may frequently view and review it.

I understand that the purpose of the mission statement and personal goal list is to have a personal set of principles and goals by which I can then strive to live up to daily, through my work and my personal life.

I understand and agree to all of the above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



**(818) 248-1240**  
**Li.# 782030**

## *Miracles Electrical Contractors*

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La Crescenta, CA 91214  
818-248-1240 Fax 818-248-1449  
[www.Miracleselectric.com](http://www.Miracleselectric.com), [MEC@Miracleselectric.com](mailto:MEC@Miracleselectric.com)

In order to facilitate the employment process we ask that all applicants have a valid drivers license as well as an updated copy of their driving record. This will assist us when filling out insurance paper work. Those who do not present us with a current and updated copy of their driving record will not be considered for employment. We thank you for your collaboration.

### **Mission Statement**

Our commitment is to constant improvement of quality, service, and relationships. The principles of change, purpose, and win-win will drive our commitment. Personal growth and its fruits are our contribution to our family, organization, and our customers. The goal is a successful, fully integrated organization



*Miracles Electrical Contractors, Inc.*

## Safety Meeting

Name \_\_\_\_\_

Date \_\_\_\_\_

1. **CLEANING**

- a) Keep work environment clean. Use a vacuum cleaner & brooms. Make the work area cleaner than when we showed up. Why? It gives people a good impression and keeps the area clear of hazards. Trash, studs, screws & nails are not safe for all trades.

2. **SAFETY**

- a) Check ladders for condition & report unsafe ladders to Secretary, Supervisor or Owner.
- b) Make sure ladders are properly footed.
- c) Follow & read all manufactures specifications on the ladders.
- d) Barricade work area & do not allow any unauthorized people to enter area.
- e) Tell the supervisor of people who are not cooperating.

3. **DRIVING**

- a) Drivers that are excluded from Driving work trucks may at no time drive any company truck.
- b) Vehicles must be checked weekly for tire wear, oil, water, brakes, battery & lights.
- c) Report all suspected problem to secretary in writing.

4. **ENERGIZED CONDUCTORS**

- a) Should not be handled at any time.
- b) Only foreman should work hot conductor when absolutely necessary.
- c) Work hot conductors only when there is no other alternative, & with another person for supervision in case of emergency.
- d) Wear full protective gear. (Nomex suit or equivalent, Full Face shield & goggles & Klien gloves with Gauntlet.
- e) Check for proper procedure & check again & again & again.
- f) Talk to responsible parties about shutting off power to perform work.
- g) Send letter to client stating that a request to shut of power to install electrical components has been made for specific date & time to adhere to Cal OSHA safety standards and their willingness to comply with standard.

5. **PROPER WORK SHOES.**

- a) Shoes that are shown to be approved for factory work. (Boots)

6. **TOOLS INSPECTION**

**Safety Meeting**  
**Page 2**

- a) Inspect power tools for proper ground conductor & worn cords.
- b) Inspect all tools for loose or broken parts & report unsafe tools to secretary, supervisor or owner.
- c) All employees tools will be approved for use in the electrical trade. Klien extra heavy duty insulated handles are highly suggested.
- d) Personal tool stock to include rated gloves and goggles.

7. **EXTENSION CORDS**

- a) All cord will be checked for proper grounding conductor & worn cover if they are found to be unsafe they will not be used.

8. **HYDRAULIC PUNCH**

- a) All employees to be trained by demonstration before using.
- b) Will be checked by operator prior to use.
  - i) arbor, dies, hose, fluid & fittings
- c) Check alignment of dies as the cuts are being made. especially on the larger sizes 2 1/2 to 4".
- d) Don't stand directly in front or in back of the tool when it is in use.
- e) Fluid is highly flammable. Do not operate near fire.

9. **COMMON SENSE:** ...is our greatest asset. Use it.

10. **SAFETY DATA SHEETS**

- a) For any hazardous chemicals are available upon request.
- b) Pick up sheets for items requested at supply house or were item are purchased.

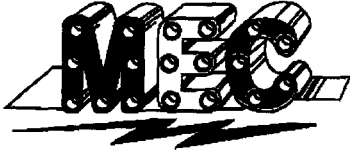
11. **COMPLIANCE:** required on shoes & tools (personal) by \_\_\_\_\_.

**Attendance on \_\_\_\_\_ :**

**I have read and discussed the above safety requirements, agree to follow them and understand I must comply with the tool specifications by the date named in item number 11.**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**



## *Miracles Electrical Contractors, Inc.*

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### **AGREEMENT TO LISTEN TO TAPES**

This agreement is to confirm my understanding of the use of Principled Centered Leadership as part of the management style of Miracles Electrical Contractors, Inc. In order for me to fully understand the management style being used at this Company, I agree that I will listen/view the following tapes, which contain relevant information:

Principled Centered Leadership  
First Things First  
Living the Seven Habits  
The Seven Habits of Highly Successful Families  
Video: Principle Centered Living.

I understand and agree that I will listen to and view this material within the first 90 days of my employment. I also understand that the tapes to which I will listen are the property of Miracles Electrical Contractors, Inc., and I will return them to the office when I am finished with them.

I understand and agree to all of the above.

---

Print Name

---

Date

---

Signature

# **EMPLOYEE BENEFITS: MEDICAL PLANS, RETIREMENT, CREDIT UNION, AND TIME OFF**

## **I. MEDICAL PLAN**

- A. After an initial 90-Day probation period, medical coverage up to \$169.00 per month is provided to full-time employees (32 hours). Employees may enroll spouse and/or children, but if the monthly premium exceeds 169.00 per month, the employee must pay the balance of the bill through a weekly paycheck deduction.
- B. Part time employees who switch to a full time schedule may receive medical coverage once they have worked full time for 3 months.
- C. Part time employees may enroll for medical coverage but must contribute one half of their monthly premium through weekly paycheck deductions.

## **II. DENTAL COVERAGE:** Dental coverage is provided as of the last revision of this policy guide.

## **III. OPTICAL COVERAGE- INCLUDES VISION EXAMS AND SOME LENSES**

## **IV. RETIREMENT PLAN**

- A. An employer matched retirement plan is offered to employees who meet the qualifications described in the Plan. The Plan is a S.I.M.P.L.E. IRA (Savings Incentive Match Plan for Employees) through Financial West Group..
- B. The Simple Ira provides for weekly paycheck deductions into an Oppenheimer Funds account.
- C. The employer matches the employee's contribution, up to 2 percent of the employee's salary. See the Plan for the exact match percentage.
- D. Employer matched contributions are 100% vested upon deposit into the employee's account, and the full amount may be taken with the employee upon leaving the company.

## **V. CREDIT UNION**

- A. Employees may take immediate advantage of the services offered by the E- Central Credit Union. Pasadena CA.
- B. Along with all the regular services, this Credit Union offers a program called a Universal Annuity Life Insurance Policy. This is an Insurance and Retirement Supplement program which has a built-in Life Insurance Program. See the Credit Union for further details. Weekly paycheck deductions are used to contribute to this account.
- C. This Credit Union and it's programs are completely independent of Miracles Electrical and the employee may take the account with them upon leaving the company.



## VI. HOLIDAYS

- A. The following paid holidays are offered to Employees who have been with the company for three months or longer:
- New Year's Day
  - ½ of Good Friday
  - Memorial Day
  - Independence Day
  - Labor Day
  - Thanksgiving Day
  - ½ of Christmas Eve
  - Christmas
- B. Holiday pay is considered 8 hours at the employee's regular hourly rate.
- C. Employees must have been hired at least three months before receiving holiday pay for any holidays.
- D. The employer may, at his discretion, give holiday pay for days attached to major holidays, or for a portion of attached days.
- E. If an employee takes a day off (paid or unpaid) attached to a holiday weekend, the employer will not give holiday pay for the holiday.
- F. Additional holidays off without pay may be offered by the employer.
1. On such days, the employee has the option of whether or not to come in to work.

## VII. VACATION DAYS

- A. 5 Vacation days are awarded to employees after working for Miracles Electric for one year, which may be used during their second year of employment.
- B. Vacation days not used during one calendar year may not be rolled over to the next year. Any days not used will be paid to the employee at the beginning of the next year.
- C. Vacation days may be taken one at a time, or all at once, but must be arranged in advanced with the employer.
- D. If an employee should leave the company, vacation pay will be prorated and paid upon leaving the company.

VIII. **SICK DAYS:** Paid sick days are not provided.

## IX. TIME OFF WITHOUT PAY

- A. Time off without pay is allowed with prior notification to the employer, and can be used to cover personal and family needs, as well as sick time.
- B. Employees have the option to take time off for personal reasons and make up the hours as long as the make up follows the following conditions:
1. The time off does not exceed more than 3 hours from any given day.

2. The time off is made up by the end of the same week.

X. **FUNERAL & BEREAVEMENT TIME:** Miracles does not provide time off for funerals or bereavement. The employee may use their vacation time to cover these needs.

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