



Union: _____

Thompson Electric, Inc.

Journeyman Card: _____

An Equal Employment Opportunity Employer

Applicant InformationFull Name: _____ Date: _____
Last First M.I.Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
☐ ☐ ☐ ☐Have you ever worked for this company? YES NO If yes, when? _____
☐ ☐Have you ever been convicted of a felony? YES NO
☐ ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____
☐ ☐

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
☐ ☐

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
☐ ☐**References**

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



Voluntary Self-Identification of Race/Ethnicity

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individuals race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

INVITATION TO SELF-IDENTIFY - PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.

- ☐ **Hispanic or Latino:** a person of Cuban, Mexican, Chicano Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African American:** a person having origins in any of the black racial groups of Africa.
- ☐ **Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, or other Pacific Islands.
- ☐ **American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation of community attachment.
- ☐ **Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.



Thompson Electric, Inc.
Munroe Falls, Ohio

Emergency Medical Information hard hat label issued:

_____ Yes _____ No _____ N/A

I.C.E. – In Case of Emergency:
The information that you provide will **ONLY** be used in the event of a work related emergency

Employee Information

Name: _____ **Today's Date:** _____

Home Address: _____

Home Telephone Number or Cell Phone Number: _____

Medical Information

You are responsible for informing persons at your work site if you have a medical condition that may require immediate first aid. Human Resources and/or the Safety Department can help you identify and inform these persons of your first aid requirements. Medical information is confidential. It is your decision and responsibility to inform others if you believe it necessary for your health and safety while at work.

Doctor's Name: _____ **Telephone #:** _____

Specialist's Name: _____ **Telephone #:** _____

Known Allergies: _____

Other information a medical professional should know: _____

Emergency Contact Information – Please list in the order you want them contacted

Name: _____ **Relationship:** _____

Address: _____ **Phone #:** _____

Employer: _____ **Work Telephone #** _____

Name: _____ **Relationship:** _____

Address: _____ **Phone #:** _____

Employer: _____ **Work Telephone #:** _____

I have voluntarily provided the above contact information and authorize Thompson Electric, Inc. and its authorized representatives to contact any of the above on my behalf in the event of an emergency.

Signature: _____ **Date:** _____

STANDARD OF CONDUCT RECEIPT OF MATERIAL

Each employee has an obligation to maintain a proper standard of conduct at all times. Failure to follow these standards may result in disciplinary action, up to and including discharge. Please refer to the material contained in the Thompson Electric, Inc. Employee Handbook, and/or your Local Union Safety Rules & Guidelines, and/or Customer Specific Safety Rules & General Guidelines.

I, _____ (print name) have received, read and understand the above referenced Material.

(Print Name)

(signature)

(date)

An Equal Opportunity Employer

**Thompson Electric, Inc.****Munroe Falls, Ohio****Direct Deposit; Check One**

_____ New Request _____ Change _____ Cancel

In lieu of issuing a payroll check, Thompson Electric, Inc. will make a direct deposit to an account of your choice. Please note that your payroll amount may be directly deposited into more than one account. Attach a sample check (or, if a savings account, a savings account form with the account number and bank routing number) for the bank account. Write "VOID" on any sample forms/checks submitted.

Authorization Agreement for Automatic Deposit**Employee Name:** _____ **Social Security #** _____**1) Bank Name/City/State:** _____**Routing Transit #** _____ **Account #** _____**Deposit Amount** \$ _____ **or** **Deposit %** _____ **or** ☐ **Entire Net Amount**☐ **Checking**☐ **Savings****2) Bank Name/City/State:** _____**Routing Transit #** _____ **Account #** _____**Deposit Amount** \$ _____ **or** **Deposit %** _____ **or** ☐ **Entire Net Amount**☐ **Checking**☐ **Savings**

In signing this form, I authorize Thompson Electric, Inc. and my Financial Institution(s), identified above, to automatically deposit my pay each payday to the account(s) designated. Adjusting entries to correct error(s) are also authorized. This form supersedes any prior direct deposit authorizations previously signed by me.

Signature #1: _____ **Date:** _____**Signature #2 (if joint account):** _____ **Date:** _____**Sample Check**

JEFFREY MAPLE
SUZANNE MAPLE
123 Pear Lane
Anyplace, VA 20000

Please Provide Voided Check

1234
15-0000XXXX

PAY TO THE
ORDER OF

Routing
number

Account
number

\$

DOLLARS

ANYPLACE BANK
Anyplace, VA 20000

For

250250025

202020'86"

1234

Do not include
the check number.

Note. The routing and account numbers may be in different places on your check.

Employee's Withholding Certificate

OMB No. 1545-0074

- **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)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



To be completed by Pennsylvania Residents Only

RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION

NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER	
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
STREET ADDRESS (No PO Box, RD or RR)				
SECOND LINE OF ADDRESS				
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)				
COUNTY	RESIDENT PSD CODE		TOTAL RESIDENT EIT RATE	
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

EMPLOYER INFORMATION - EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN	
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)				
SECOND LINE OF ADDRESS				
CITY	STATE	ZIP CODE	PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)				
COUNTY	WORK LOCATION PSD CODE		WORK LOCATION NON-RESIDENT EIT RATE	
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

SIGNATURE OF EMPLOYEE		DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS	

For information on obtaining the appropriate **MUNICIPALITY** (City, Borough, Township), **PSD CODES** and **EIT** (Earned Income Tax) **RATES**, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **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	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<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. (See instructions) 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. 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

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 10/31/2022

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
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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
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 Thompson Electric, Inc.	
Employer's Business or Organization Address (Street Number and Name) 49 Northmoreland Avenue		City or Town Munroe Falls	State OH	ZIP Code 44262

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)
----------------	-----------------	---------------------------------------

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
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Thompson Electric, Inc.
Munroe Falls, Ohio

PRE-EMPLOYMENT DRUG/ALCOHOL TESTING
CONSENT AND RELEASE FORM

I [redacted] hereby consent to submit to a drug and/or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by Thompson Electric, Inc. (herein referred to as **TEI**) in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have **TEI** and/or its authorized agents and physicians to send the specimen (or specimens) so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to **TEI**. I further agree to and hereby authorize the release of the results of said tests to **TEI**.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at **TEI**. A

I further agree to hold harmless **TEI** and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with **TEI's** consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Further I duly declare that I will not operate a commercial vehicle of TEI until my Pre-Employment Drug Test result and my Motor Vehicle Report has been physically received by Human Resources department representatives of TEI and I have been notified in writing, via E-Mail or memorandum that I am eligible to drive.

APPLICANT:

Print Name: _____ S.S.#: _____

Signature: _____ Date: _____

E-Mail Address: _____

TEI Authorized WITNESS:

Print Name: _____ Signature: _____

Date: _____

Driver Agreement Regarding Pre-Employment Drug Test and Motor Vehicle Report

Date: _____

Driver Name: _____

(Print Name)

I declare that I will not operate a commercial vehicle of Thompson Electric, Inc. until my Pre-Employment Drug Test results and my Motor Vehicle Report has been physically received by the Safety Department of Thompson Electric, Inc., and I have been notified in writing, E-mail or memorandum that I am eligible to drive.

Print Name

Signature

Date

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I. (Print Name) _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> First M.I. Last Social Security Number </div>	
Hereby authorize: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Date of Birth </div>	
Previous Employer: _____ Email: _____ Street: _____ Telephone: _____ City, State, Zip: _____ Fax No.: _____	
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ <div style="text-align: center;">(employment application date)</div>	
To: Prospective Employer: <u>Thompson Electric, Inc.</u> Attention: <u>Amy Thompson</u> Telephone: <u>330-686-2300 Ext.3020</u> Street: <u>49 Northmoreland Ave.</u> City, State, Zip: <u>Munroe Falls, Ohio 44262</u>	
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.	
Prospective employer's fax number: <u>330-564-4263</u> Prospective employer's email address: <u>athompson@thompsonelectric.com</u>	
<div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Applicant's Signature Date </div>	
This information is being requested in compliance with §40.25(g) and 391.23.	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER																				
ACCIDENT HISTORY																					
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>																					
Employed as _____ from (m/y) _____ to (m/y) _____																					
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____																					
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.																					
ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.																					
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Date</th> <th style="width: 20%;">Location</th> <th style="width: 20%;"># Injuries</th> <th style="width: 20%;"># Fatalities</th> <th style="width: 20%;">Hazmat Spill</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Date	Location	# Injuries	# Fatalities	Hazmat Spill	1. _____	_____	_____	_____	_____	2. _____	_____	_____	_____	_____	3. _____	_____	_____	_____	_____
Date	Location	# Injuries	# Fatalities	Hazmat Spill																	
1. _____	_____	_____	_____	_____																	
2. _____	_____	_____	_____	_____																	
3. _____	_____	_____	_____	_____																	
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____ _____ _____																					
Any other remarks: _____ _____ _____ _____																					
Signature: _____ Title: _____ Date: _____																					

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p>	
<ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> 	
<p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<p>PAGE 1 PART 1: Prospective Employee</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Submit to the Prospective Employer <p>PAGE 2 PART 4a: Prospective Employer</p> <ul style="list-style-type: none"> Complete the information Send to Previous Employer <p>PAGE 1 PART 2: Previous Employer</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Turn form over to complete SIDE 2 SECTION 3 	<p>PAGE 2 PART 3: Previous Employer</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Return to Prospective Employer <p>PAGE 2 PART 4b: Prospective Employer</p> <ul style="list-style-type: none"> Record receipt of the information Retain the form
--	---

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

PART 1:	COMPLETED BY THE DRIVER/APPLICANT
TO:	Prospective Employer: <u>Thompson Electric, Inc.</u> Street/P.O. Box: <u>49 Northmoreland Avenue</u> City, State, Zip: <u>Munroe Falls, OH 44262</u> Telephone # <u>330-686-2300</u>
FROM:	Driver/Applicant: _____ Social Security/I.D. # _____ Street: _____ City, State, Zip: _____ Telephone # _____
I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.	
This information should be: <input type="checkbox"/> sent to me at the above address. <input type="checkbox"/> I will arrange to pick up.	
Driver/Applicant Signature: _____	Date: _____ / _____ / _____ M D Y

PART 2:	COMPLETED BY THE PROSPECTIVE EMPLOYER
The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.	
Information supplied to:	
Name: <u>Thompson Electric, Inc.</u>	
Street: <u>49 Northmoreland Avenue</u>	
City, State, Zip: <u>Munroe Falls, OH 44262</u>	
Comments: _____	
By: _____	
Signature/person providing information	Release Date: _____ / _____ / _____ M D Y

COPY 1 PROSPECTIVE EMPLOYER

SAFETY PERFORMANCE HISTORY INFORMATION
DRIVER/APPLICANT REBUTTAL

This rebuttal is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(j)(3) Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

§391.23(j)(4) After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:

- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
- (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirements.

PART 1:	COMPLETED BY THE DRIVER/APPLICANT
TO:	Previous Employer: _____ Street/P.O. Box: _____ City, State, Zip: _____ Telephone: _____ Fax: _____
	FROM: Driver/Applicant: _____ Social Security # _____ Street: _____ City, State, Zip: _____ Telephone No.: _____
I have submitted this rebuttal to my previous employer requesting that it be attached to my Safety Performance History and provided to subsequent prospective employers.	
Reason for the rebuttal (attach documents as necessary): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
I request that this rebuttal be sent to the attached list of motor carriers. Driver/Applicant Signature: _____ Date: ____ / ____ / ____ M D Y	

PART 2:	COMPLETED BY THE PREVIOUS EMPLOYER
<p>Received by: _____</p> <p>Signature: _____ Date: ____/____/____</p> <p style="text-align: right; margin-right: 50px;">M D Y</p>	

COPY 1 PREVIOUS EMPLOYER

Motor Vehicle Driver's Certification of Violators 391.27

Name: _____

Mailed/Sent: _____

Received: _____

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the **past 12 months**.

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

 Name (Printed)

 Signature

 Date

Office Only:

 Reviewed by (Signature)

 Title

 Review Date

 Comments

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

All Employees Must Complete

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Thompson Electric, Inc ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Thompson Electric, Inc ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date:

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

CONSENT TO OBTAIN INVESTIGATIVE CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

In connection with, and for the duration of, my employment (including contract for services) with you, under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, local laws and authorities having jurisdiction, I understand that you may obtain a consumer report and/or an investigative consumer report which may include, but is not limited to the following:

1. My employment records, work experience and references.
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing.
3. Verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

This information will, in whole or in part, be obtained from the consumer agency:
The Orsus Group, 3155 West Big Beaver, Suite 105, Troy, MI 48064, telephone: 877-575-1476.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, mode of living, work habits, job performance and experience along with reasons for termination of past employment from previous employers which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy or facsimile of this authorization has the same effect as an original.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request, in writing, "A Summary of Consumer Rights under the Fair Credit Reporting Act", and a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize, without reservation, any party, institution, or agency contacted by The Orsus Group or this employer to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Name as it Appears on Drivers License

Signature

Date

NOTICE to CALIFORNIA Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from The Orsus Group, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which The Orsus Group has previously furnished within the two-year period preceding your request. You may view the file maintained on you by The Orsus Group during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

☐ If you want a copy of the report(s) ordered check this box. The report(s) will be sent by the reporting agency to your address listed below.

NOTICE to MAINE Applicants

Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

NOTICE to NEW YORK Applicants

Under Article 25 Section 380-c (b) (2) of the New York General Business Law, you have the right, upon written request, to be informed of whether or not an investigative consumer report was requested.

Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

_____ Please Initial here to acknowledge receipt of the Article 23-A of the New York Correction Law.

All Employees Must Complete

APPLICANT INFORMATION

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Name:				
	First	Middle	Last	Maiden or Other Names Used
Address:				
	Street	City, State	Zip	County
If less than 7 years at current address, please list previous:				
	Street	City, State	Zip	County
	Street	City, State	Zip	County
	Street	City, State	Zip	County
Social Security #:			Date of Birth:	
Phone Number:			E-mail Address:	
Drivers License #:			State of Issue:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female			

Integrity Testing & Safety Administrators, Inc.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Integrity Testing c/o Thompson Electric ("the Company") may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by The Orsus Group, 3155 West Big Beaver, Suite 216, Troy, MI 48084, 877-575-1476, www.theorsusgroup.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

I acknowledge that I have received and understand the disclosure regarding background investigation.

Printed Name

Signature

Date

Integrity Testing & Safety Administrators, Inc.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION provided by ***Integrity Testing c/o Thompson Electric*** and certify that I have read and understand this section. I acknowledge receipt of a copy of the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand this document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by The Orsus Group, 3155 West Big Beaver, Suite 216, Troy, MI 48084, 877-575-1476, www.theorsusgroup.com, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

Printed Name

Signature

Date

Summary of Consumer Rights Under the Fair Credit Reporting Act

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

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 and 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 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 on your credit report;
 - You are a victim of identity theft and place a fraud alert in your file;
 - You are on public assistance;
 - Your 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 a 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 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 sue in state or federal court.
- **Identify theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.



pennsylvania
DEPARTMENT OF TRANSPORTATION

Account #

D2793**REQUEST FOR DRIVER INFORMATION****DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS**

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

☐ BASIC INFORMATION: **\$11.00 FEE** (Driver history is **not** included)☐ 3 YEAR DRIVER RECORD: **\$11.00 FEE**☒ 10 YEAR DRIVER RECORD: **\$11.00 FEE** (Employment Purposes Only)☐ FULL HISTORY: **\$11.00 FEE**☐ CERTIFIED DRIVER RECORD: **\$36.00 FEE**☐ COPY OF DOCUMENT FROM FILE (MICROFILM): **\$11.00 FEE**☐ CERTIFIED COPY OF DOCUMENT FROM FILE: **\$36.00 FEE**You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at www.dmv.pa.gov

A REQUESTER INFORMATION NAME/COMPANY <p style="text-align: center;">Datalink Services, Inc.</p> ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> <p style="text-align: center;">2081 Arena Blvd Ste 190</p> CITY STATE ZIP CODE <p style="text-align: center;">Sacramento CA 95834</p> DAYTIME TELEPHONE NUMBER (REQUIRED) <u>866-454-3238</u> RELATIONSHIP TO DRIVER (REQUIRED) <u>Vendor</u> SIGNATURE <u>X</u> NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD	B END USER OF INFORMATION BEING REQUESTED NAME/COMPANY ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER (REQUIRED) _____ RELATIONSHIP TO DRIVER (REQUIRED) <u>Employer</u>												
C DRIVER INFORMATION NAME: LAST FIRST INITIAL ADDRESS CITY STATE ZIP CODE PHONE NUMBER DATE OF BIRTH DRIVER NUMBER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">MONTH</td> <td style="width: 10%;">DAY</td> <td style="width: 10%;">YEAR</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	MONTH	DAY	YEAR										D AFFIDAVIT OF INTENDED USE Intended Use of the Information Requested: CHECK ONLY ONE <input type="checkbox"/> B = Driver Release (Driver must complete Section E.) <input type="checkbox"/> C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.) <input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.) <input checked="" type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)
MONTH	DAY	YEAR											
E DRIVER RELEASE I _____ hereby request NAME OF DRIVER the Department of Transportation to furnish a copy of my PA Driver's Record to <u>Datalink Services, Inc.</u> NAME OF PERSON/COMPANY <u>X</u> SIGNATURE OF DRIVER DATE	I hereby Certify that _____ PRINTED NAME OF REQUESTER will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both. <u>X</u> SIGNATURE OF REQUESTER <p style="text-align: center;">Records Supervisor</p> Title _____												
F MICROFILM TYPE OF DOCUMENT DATE OF VIOLATION (see list of available documents below) Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Ignition Interlock Removal Letter • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice 	<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); background-color: #cccccc; padding: 5px; font-weight: bold; margin-right: 5px;">NOTARIZATION</div> <div style="border: 1px solid black; padding: 10px; flex-grow: 1;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); background-color: #cccccc; padding: 5px; font-weight: bold;">S E A L</div> <div style="text-align: center; flex-grow: 1;"> <p style="margin: 0;">SIGN IN PRESENCE OF NOTARY</p> </div> </div> </div> </div>												

MESSENGER NO.

INSTRUCTIONS

1. **To request your own record**, complete Sections A & C only. Notarization is NOT required.
2. **To request a record other than your own**, complete Sections A, C, and D. Section E must contain the driver's signature if block **B, E or L is checked in Section D. If the Requester is obtaining the information on behalf of someone else, Section B must also be completed.**
3. **PRINT OR TYPE** all requested information on the front of the form. Submitting **ONLY** a name and address does not provide enough information for a proper search of the driver files.
4. A non-refundable fee is required for each request. If the Bureau has no record for the information requested or the data supplied is insufficient, the fee will be applied to the cost of the search.
5. **If requesting a microfilm copy of a document**, also complete Section F. You must be specific in providing the type and date of the document. If there are several citations on the record, the cost is \$10.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
6. Check the type of record requested at the top of the form and make check or money order payable to "PennDOT."
DO NOT SEND CASH. Attach your check or money order and send to:

BUREAU OF DRIVER LICENSING
DRIVER RECORD SERVICES
P.O. BOX 68695
HARRISBURG, PA 17106-8695

For overnight and other special mail:

BUREAU OF DRIVER LICENSING
DRIVER RECORD SERVICES
1101 SOUTH FRONT STREET 3RD FLOOR
HARRISBURG PA 17104-2516

DESCRIPTION OF INFORMATION AVAILABLE

BASIC INFORMATION Includes name, address, driver number, date of birth and class of license.

(\$11.00 fee)

3 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 3 years from the date request is processed.

(\$11.00 fee)

10 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 10 years from the date request is processed. A 10-year record is for employment purposes only.

FULL HISTORY Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the **complete** history of the driver on file in Pennsylvania.

CERTIFIED RECORD Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the **complete** history of the driver on file in Pennsylvania certified by the Department.

MICROFILM

DOCUMENT Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific (\$11.00 fee) as to the type of document and the date of the violation/action.

CERTIFIED COPY

OF DOCUMENT Copies of documents from the microfilm file that have been certified by the Department. (\$36.00 fee)

IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION

- Driver record information is confidential and restricted information and the Requestor/End User is responsible for establishing procedures to protect the confidentiality of these records.
- Driver record information can only be used for the purpose stated in Section D.
- Driver record information cannot be sold, assigned, or otherwise transferred to any party, other than the End User.
- PennDOT retains exclusive ownership of all driver record information and the Requestor/End User shall not combine and/or link in with any other data on any database except as may be required by law.
- The driver record information cannot be used for direct mail advertising or any other type or types of mail or mailings.
- The driver record information cannot be disseminated or published on the Internet without the express written permission of PennDOT.
- PennDOT reserves the right to audit each request for driver record information. If the Requestor/End User is found to have requested driver record information for an unauthorized purpose, access to Pennsylvania driver record information will be terminated.

Visit us at www.dmv.pa.gov or call us at: 717-412-5300 ♦ TDD: 711

* Businesses who obtain driver records for the purpose of employment or insurance are now able to obtain and print these records, in real time, through our enhanced Online Services.

If you are an employer or insurance company/agent and are interested in becoming an authorized Online business user, please visit our website at www.dmv.pa.gov and click on "Online Business Services" for more information.



Please be advised that when requesting Pennsylvania DMV records for employment purposes, the End-user is required to have a Pennsylvania State release form signed by the prospective applicant/employee (attached).

This state release form must be sent to The Orsus Group at client@theorsusgroup.com or faxed to 888-679-0858. Please send back as quick as possible as the turnaround for this search is 5-7 business days from when the release is received by PA DMV.

STATE SPECIFIC INFORMATION: PennDOT Form DL 503 (4-14)

Please follow the instructions below on what to fill out and what to leave blank.

1. Section A: Requestor Information – Pre Filled - DO NOT SIGN
2. Section B: End User Information (employer info)
3. Section C: Driver Information
 - Last Name, First Name
 - Complete Address Information
 - Driver's License Number
 - Date of Birth
4. Section D Intended Use – Pre Filled – DO NOT SIGN OR NOTARIZE
5. Section E: Driver Release
 - Driver Full Name
 - Name of Person/Company
 - Driver Signature and Date – Please have applicant/employee sign and date.
6. Section F: Microfilm – LEAVE BLANK

Please call The Orsus Group at 248-530-3671 if you have any questions.



Thompson Electric, Inc.
Munroe Falls, Ohio

Seven (7) Day Prior Log Form
(Data sheet for new, casual, or temporary drivers)

Name: _____ Social Security No: _____

Home Address: _____

Home Telephone Number or Cell Phone Number: _____

Driver's License ID No: _____ Type/Class: _____ State: _____

Part 1:

☐ I have **not driven** a CMV, on duty, in the seven (7) days prior to this application with Thompson Electric

If you have marked the box above in Part 1 – I have not driven a CMV, DO NOT Complete Part 2 of this form. Proceed directly to Part 3 the "Signatory Section".

Part 2:

Instructions:

At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation [Section 395.8(j)(2)] require the motor carrier to obtain from you a signed statement giving the local time on duty during the immediately preceding 7 days and the time at which you were last relieved from duty prior to beginning to work for the motor carrier. In the spaces below, Show the number of hours worked (on duty) in each of the last 7 days.

Day	1	2	3	4	5	6	7	8
Date								
Hours Worked								

I hereby certify that the information given above is correct to the best of my knowledge and belief. And that I was last relieved from work at:

_____ Time on _____ Day _____ Month _____ Year

Part 3:

Driver's Signature: _____ Date: _____

Company Representative's Signature: _____ Date: _____