



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER **PRE-EMPLOYMENT DRUG TEST REQUIRED**

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY:		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

CONTINUED ON OTHER SIDE

TESLA APPLICATION FOR EMPLOYMENT CONTINUED.....

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

_____ DO NOT WRITE BELOW THIS LINE _____

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____

EMPLOYMENT MANAGER
DEPARTMENT HEAD
GENERAL MANAGER



**TESLA INDUSTRIES, INC.
Pre-employment Invitation to Self-Identity**

Tesla Industries, Inc. is a Government Contractor subject to Section 503 of the Rehabilitation Act of 1973, as amended (“Section 503”), and the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended (“VEVRA”), which require Government Contractors to take affirmative action to employ and advance in employment, qualified individuals with disabilities and to take affirmative action to employ and advance in employment qualified special disabled veterans of the Vietnam era, respectively. In addition, Tesla Industries is required to comply with federal and state equal employment opportunity laws including, but not limited to: Executive Order 11246, the Americans with Disabilities Act of 1990 (“ADA”), and the Delaware Fair Employment and Housing Act (“FEHA”).

As part of our compliance efforts, we need your cooperation in completing this **form**. Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information you provide will be kept **confidential**.

Name _____ Date _____

Position Title _____ Department _____

Sex and Race

Tesla Industries, Inc. provides equal employment for all applicants and employees regardless of the following, without limitation: race, color, religion, sex, or national origin.

Sex (check one)

- Male
- Female
- Decline to State

Race

- White
- Black/African American
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Hispanic

Disability (Check one)

- Yes
- No
- Decline to State

Confidentiality

Information you submit about your disability will be kept confidential, except (i)supervisors and managers may be informed regarding restrictions on the work of individuals with disabilities, and regarding necessary accommodations; (ii)human resources may be informed, when and to the extent appropriate, if the condition emergency treatment requires emergency treatment; and (iii) Government officials engaged in enforcing laws set forth by OFCCP or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are not inconsistent with Section 503.

Affirmative Action Program for Individuals With Disabilities:

If you are an individual with a disability, we would like to include you under Tesla Industries, Inc. affirmative action program. If you have a disability and would like to be considered under Tesla's Industries affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or any time in the future. This information will assist us in placing you in the appropriate position and in making accommodations for your disability.

(Note: If yes, this does not constitute prima facie evidence of disability or notification for purposes of accommodation)

- Yes, I'd like to be considered No, I would not like to be considered

Veterans Status

Tesla Industries is a federal contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which requires federal contractors to take affirmative action to employ and advance in employment, qualified disabled veterans and qualified protected veterans.

1. **An invitation to veterans of the Vietnam era only:** If you a veteran of the Vietnam era, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. The term "veteran of the Vietnam era" refers to a person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between February 28, 1961, and May 7, 1975 or between August 5, 1964, and May 7, 1975, in all other cases. The term also refers to a person who was discharged or released from active duty for a service connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961, and May 7, 1975, or between August 5, 1964, and May 7, 1975, in all other cases.

An invitation to qualified disabled veterans only: If you are a qualified special disabled veteran, we would like to include you in our affirmative action program. If you would like to be included under the affirmative action program, please tell us. This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The term "qualified special disabled veteran" refers to a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap. The term also refers to a person who was discharged or released from active duty because of a service- connected disability.

2. **An invitation to both (1) veterans of the Vietnam era and (2) qualified disabled veterans:** If you are a veteran of the Vietnam era or a qualified special disabled veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. The term "veteran of the Vietnam era" refers to a person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between February 28, 1961, and May 7, 1975 or between August 5, 1964, and May 7, 1975, in all other cases. The term also refers to a person who was discharged or released from active duty for a service connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961, and May 7, 1975, or between August 5, 1964, and May 7, 1975, in all other cases. The term "qualified special disabled veteran" refers to a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans Affairs, for a disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap. The term also refers to a person who was discharged or released from active duty because of a service-connected disability.

3. You may inform us of your desire to benefit under the program at this time and/or at any time in the future.
4. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veteran's Readjustment Assistance Act of 1974, as amended.
 - Yes, I'd like to be considered
 - No, I would not like to be considered
5. The information you submit will be kept confidential, except the (i) supervisors and managers may be informed regarding restrictions on the work or duties of qualified disabled veterans, and regarding necessary accommodations; (ii) first aid safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency; and (iii) government officials engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disability Act, may be informed.
6. If you are a qualified special disabled veteran, it would assist us if you tell us about (i) any special method, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and (ii) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job elimination of certain duties relating to the job, provision of personal assistance services or other accommodations. This information will assist us in placing you in an appropriate position and in making accommodations for your disability.
7. A written copy of this Affirmative Action Program is available for inspection by any employee or applicant for employment, during normal business hours (8:30 AM to 5:00 PM – Monday through Friday), in the Human Resources Department. Interested persons should contact the Human Resources Manager at 302-324-8910 for assistance.

Note: Paragraph 6 (ii) above will be omitted if this invitation to self identify is being extended prior to an offer of employment. This avoids conflict with EEOC's guidance under the ADA, which in most cases precludes asking a job applicant about potential reasonable accommodations prior to a job offer being made.

(check one)

- Vietnam Era Veteran
- Special Disabled Veteran
- Other Protected Veteran
- Newly Separated Veteran
- Date of discharge from active duty _____
- Not a veteran
- Decline to state

Signature

Date



BACKGROUND CHECK CONSENT FORM

In connection with my application with Tesla Industries, Inc., I understand that investigative background inquiries are to be made on myself including, but not limited to employment references, credential confirmation, identification verification, worker's compensation filings, screening and other reports. These reports will include information as to my character qualifications, work habits, performance and experience along with reasons for termination of past employment from previous employers. I understand that in the least, such information will be used to verify information on my application.

By signing this form, I hereby authorize and consent Tesla Industries to obtain such investigations and reports with respect to me, and sharing the results of such investigations with those who conduct the investigation and those responsible for hiring.

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

List any states in which you've lived in the past 7 years besides the current state in which you reside:

Have you ever been known by different name (i.e. maiden name, etc)? If so, what names?

Have you ever been convicted of a felony in any state? (Circle) YES NO

Have you ever been convicted of a misdemeanor in any state? YES NO

SIGNATURE: _____ DATE: _____

Tesla Industries, Inc
109 Centerpoint Blvd.
New Castle, De 19720
(302) 324-8910 * FAX (302) 324-8912

Drug Testing Policy & Procedures for Employment Screening

I. Testing of Applicants for Designated Safety-Sensitive Positions

As part of TESLA's employment screening process, any applicant TESLA Industries, Inc. to whom an offer of employment may be made must pass a test for controlled substances, under the procedures described below. The offer of employment is conditioned on a negative test result. Applicants will be informed of TESLA's drug testing policy in the employment application.

II. Testing of Employees in Designated Safety-Sensitive Positions

- Annual Testing

Employees in the position(s) of (Electronic Technician(s) / Repairer(s), Sub-Assembler(s), Machinist(s), Machine Shop Operator(s), Laborer(s) and Manager(s)) will be required to submit to annual drug testing, under the procedures described below. The testing will be scheduled by the Human Resources Department and will occur in the employee's company anniversary month. If an employee refuses to cooperate with the administration of the drug test, the refusal will be handled in the same manner as a positive test result.

- Reasonable Suspicion Testing

If an employee occupies a designated safety-sensitive position and his or her supervisor or manager has a reasonable suspicion that the employee is working in an impaired condition or otherwise in violation of this Guideline, the employee will be asked about any observed behavior and offered an opportunity to give a reasonable explanation. If the employee is unable to explain the behavior, he or she will be requested to take a drug test in accordance with the procedures outlined below.

If the employee refuses to cooperate with the administration of the drug test, the refusal will be handled in the same manner as a positive test result.

- Acknowledgment and Consent

Any employee subject to testing under this policy will be asked to sign a form acknowledging the procedures governing testing, and consenting to (1) the collection of a urine sample for the purpose of determining the presence of alcohol or drugs, and (2) the release to TESLA Industries, Inc. of medical information regarding the test results. Refusal to sign the agreement and consent form, or to submit to the drug test, will result in the revocation of an applicant's job offer, or will subject an employee to discipline up to and including termination.

- Confidentiality

All drug testing records will be treated as confidential.

For more information on TESLA's Drug and Alcohol Policy, see Employee Handbook.

Tesla Industries, Inc
109 Centerpoint Blvd.
New Castle, De 19720

I acknowledge that I have read and understand TESLA's Drug Testing Policy & Procedures for Employment Screening .

(Employee Signature)

(Date)

(Witness)