

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match

the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA



SEARS CONTRACT, INC.

APPLICATION FOR EMPLOYMENT

HR USE ONLY

Employee No.	_____
Location	_____
Date Employed	_____
Pay Rate	_____
Shirt Size	_____
Reviewed By	_____

COMPANY **Sears Contract, Inc.**
ADDRESS P.O. Box 33429
CITY Raleigh, NC 27636

**APPLICANT TO COMPLETE ALL INFORMATION REQUESTED
PLEASE PRINT**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

How did you hear about us?

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Website |
| <input type="checkbox"/> Referral | <input type="checkbox"/> Walk-in |
| | <input type="checkbox"/> Other |

Name _____ Social Security No. _____
First Middle Last

Present Address _____
Number Street

City State Zip
Telephone () _____ Cell Phone () _____ Email _____

Are you authorized to be employed in the United States? ☐ Yes ☐ No

Are you over the age of 18? ☐ Yes ☐ No

Do you have a Drivers License? ☐ Yes ☐ No If yes, License number _____ State _____

Do you have dependable transportation to meet attendance requirements of the position? ☐ Yes ☐ No

Have you ever been convicted of a crime, excluding minor traffic violations (a conviction does not necessarily exclude you from employment) ☐ Yes ☐ No If "YES" Explain: _____

COMPANY EXPERIENCE

Have you worked for this company before? _____ Dates: From _____ to _____
Month/Year Month/Year

Supervisor _____ Rate of Pay _____ Position _____

Reason for leaving _____

POSITION/GENERAL INFORMATION

Position Applied For: _____ Date: _____

Location: _____

Who referred you? _____ Rate of pay expected _____

Are you currently employed? _____ If not, when was your last day employed? _____

Post Office Box 33429 • Raleigh, North Carolina 27636 • Phone 919-754-0750 • Fax 919-754-0890
4401 Chesapeake Drive • Charlotte, NC 28216 • Phone 704-395-9454 • Fax 704-395-3639

SEARS CONTRACT, INC IS AN EQUAL OPPORTUNITY EMPLOYER

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH THE MOST RECENT

COMPANY NAME			DATES WORKED	POSITION(S) HELD
ADDRESS, CITY, STATE, ZIP				
PHONE NO. ()			DUTIES/RESPONSIBILITIES	
TYPE OF BUSINESS				
NAME OF SUPERVISOR			REASON FOR LEAVING	
BASE GROSS INCOME	STARTING WAGE \$ PER HOUR/YEAR	ENDING WAGE \$ PER HOUR/YEAR	WORK HOURS	
MAY WE CONTACT THIS EMPLOYER? ____Y____N				

COMPANY NAME			DATES WORKED	POSITION(S) HELD
ADDRESS, CITY, STATE, ZIP				
PHONE NO. ()			DUTIES/RESPONSIBILITIES	
TYPE OF BUSINESS				
NAME OF SUPERVISOR			REASON FOR LEAVING	
BASE GROSS INCOME	STARTING WAGE \$ PER HOUR/YEAR	ENDING WAGE \$ PER HOUR/YEAR	WORK HOURS	
MAY WE CONTACT THIS EMPLOYER? ____Y____N				

WORK REFERENCES

NAME		YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

NAME		YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY				
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP TO APPLICANT
EMERGENCY HOME PHONE	EMERGENCY OTHER PHONE



APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with **Sears Contract, Inc.**, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on results of a physical examination and drug test and that I must provide proof of authorization to be employed in the United States.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date



Notice to All Applicants and Employees

Drug and Alcohol Testing

Sears Contract, Inc., prohibits the use, possession, sale, manufacture or distribution of alcohol and/or illegal or unauthorized drugs or other substances on Company premises and/or during working time or hours. Employees are also prohibited from reporting to work or being at work while under the influence of, or being impaired or otherwise affected by, such substances. Violation of this policy will result in disciplinary actions, up to and including discharge. Any employee who either tests positive or refuses to cooperate with the procedures will be subject to disciplinary actions, up to and including discharge. Further, employees who test positive may not be entitled to full Worker's Compensation benefits.

The policy provides for testing under the following conditions: applicant screening, fitness-for-duty, reasonable cause, post-accident, safety sensitive, random, and in accordance with customer requirements.

You will be subject to a drug and/or alcohol test when any of the following occur:

- You are involved in a work-related accident or incident;
- You are involved in or cause of a vehicle accident;
- You have a vehicle call in;
- You are involved in property damage;
- You are involved in any incident which results in an injury;
- There is reasonable cause to suspect drug and/or alcohol use;
- You work in a safety-sensitive position;

All employees are required by law to notify management of any conviction for a drug-related offense within 48 hours of such convictions as required by the Company policy and the Drug-Free Work Place Act of 1988.

Where Sears Contract, Inc. determines testing is necessary, employees must cooperate in the collection of an appropriate specimen administered by qualified medical/laboratory personnel designated by Sears Contract, Inc. and in drug and/or alcohol test, as the case may be. A Company-approved biomedical testing laboratory or trained personnel with demonstrated expertise and procedures to ensure proper handling and reporting of results will conduct testing of the specimen. Every specimen which tests positive will be subjected to confirmatory testing done in accordance with applicable policies. Every effort will be made to ensure confidentiality.

ACKNOWLEDGEMENT

I acknowledge that I have been informed of Sears Contract, Inc.'s substance abuse policy, including the fact that, as an employee, I am subject to drug and alcohol testing.

_____ Name	_____ Signature
Date:_____	



EEO SELF-IDENTIFICATION FORM

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

It is the policy of Sears Contract, Inc. to provide equal opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, age, veteran status or disability. Sears Contract, Inc. is subject to certain nondiscrimination and affirmative action record keeping and reporting requirements which require us to invite job applicants and employees to voluntarily self-identify their race/ethnicity, gender, veteran status and disability status. 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 information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT OR CURRENT EMPLOYMENT STATUS. **THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORMS AND/OR EMPLOYEE FILE.**

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

Name (Last, First MI): _____

Signature: _____ Date: _____

Position applied for (list only one): _____

Gender Identification (check one): ☐ Female ☐ Male ☐ I do not wish to self-identify

Race/Ethnic Identification (check one):

☐ Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican South or Central American, or other Spanish culture or origin regardless of race

If you did not check "Hispanic or Latino" above, please select one of the following race/ethnic identities

☐ White (Not Hispanic or Latino) – A person having origins in any of the original people of Europe, the Middle East, or North Africa

☐ Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa

☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands

☐ Asian (Not Hispanic or Latino) – 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 or Vietnam.

☐ American Indian or Native Alaskan (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment

☐ Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races

☐ I do not wish to self identify

This company is also subject to the Vietnam Era Veterans' Readjustment Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government Contractors to take affirmative action to employ and advance in employment veterans in the following classifications:

- A "disabled veteran" is one of the following
 - A veteran of the U.S. military, ground, naval or air service 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 Secretary of Veteran Affairs; or
 - A person who was discharged or released from active duty because of a service-connected disability
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on an active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985

Protected Veteran Identification (check one):

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA

☐ I identify as one or more of the classifications of protected veteran listed above

☐ I am not a protected veteran

☐ I do not wish to self-identify

Because we do business with the government, we must reach out to, hire and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

You are considered to have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness Deafness Cancer Diabetes Epilepsy
- Autism Cerebral Palsy HIV/AIDS Schizophrenia Muscular Dystrophy
- Bipolar Disorder Major Depression Multiple Sclerosis Missing limbs or partially missing limbs
- Post-Traumatic Stress Disorder Obsessive Compulsive Disorder
- Impairments requiring use of a wheelchair
- Intellectual disability (previously called mental retardation)

Persons with Disabilities Identification (check one):

Individual With Disabilities – Any person who has a physical or mental impairment which substantially limits one or more of his/her major life activity(s), or has a record of such impairment(s), or is regarded as having such impairment(s).

☐ I identify as a person with a covered disability

☐ I do not identify as a person with a covered disability

☐ I do not wish to self-identify

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

It is the policy of Sears Contract, Inc. to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, gender, age, veteran status or disability.

Sears Contract, Inc.

Field Rules (revised 08-2009)

1. SCI Standard Work Hours 7:00 AM to 3:30 PM
Project may work 7:00 AM to 5:30 PM with prior approval by SCI Superintendent.
(Hours may vary based upon requirements of the project)
2. Absenteeism & Tardy
 - a. Absenteeism and Tardy – Call supervisor and/or office by 7:00 AM
Give job, job supervisor and reason
 - b. Appointments – advise supervisor day before & call office by 7:00 AM day of
 - c. Tardy – at foreman's discretion, employee will begin work at next half-hour.
 - d. Supervisors notify office if need to leave job during standard work hours.
3. Dress:
 - a. Hard Shoes
 - b. Sleeve Shirts
 - c. Long Pants
 - d. No Competitor's Clothing
 - e. No Offensive Clothing (pictures or language)
4. Safety – Employees will follow all SCI, OSHA, and General Contractor's safety rules at all times.
5. Accidents – Must be reported to supervisor the day of accident.
6. Tools – Own and maintain adequate tools to perform work (see guidelines).

Seca Contrato, Inc.

Reglas para los trabajadores

1. Habitualmente las horas de trabajo para SCI son de las 7:00 a las 3:30 de la tarde.
Con la aprobación del superintendente del proyecto, las horas pueden ser de las 7:00 a las 5:30 de la tarde. Las horas pueden variar dependiendo de las necesidades del proyecto.
2. Fallar o llegar tarde
 - a. si va llegar tarde o va fallar – llame a su supervisor y/o la oficina - deje mensaje con nombre del trabajo, supervisor, y la razon.
 - b. Citas - avise su supervisor el dia anterior y llame a la oficina para las 7:00 de la mañana el dia de la cita.
 - c. llegar tarde – al la discrecion del mayordomo, su trabajo comensara a la siguiente media hora.
 - d. Supervisores tienen que avisar a la oficina si tienen que dejar el sitio durante las horas de trabajo.
3. Vestimenta:
 - a. Zapatos duros de trabajo
 - b. camizas con mangas
 - c. pantalones largos
 - d. no se permite ropa de las companies que son nuestra competicion.
 - e. nada offensivo
4. Seguridad - todos los empleados obedeceran las reglas de SCI, OSHA y del Contratista General a todo momento.
5. Accidentes—tienen que ser reportados el dia del accidente.
6. Heramienta- tiene que poseer y mantener en buenas condiciones su herramienta para realizar su trabajo.

Personal Tool List Guidelines

Framer & Hanger

Helper-

Tool Pouch & Screw Pouch
100' 14 ga Cord(or 12 ga if required)
Tape
Tin Snips
Chalk Box
Square-Speed
Hammer or Hatchet
2 C-Clamps
Utility Knife
Key Hole Saw
Screw Gun
Plumb Bob
Pencil
Safety Glasses

Mechanic-

All of Helper List
3-Way Plug
Framing Squares
T-Square
4' Level

Finisher

Helper-

1" Knife
2" Knife
3" Knife
4" Knife
5" Knife
6" Knife
12" Pan
8" Knife
10" Knife
12" Knife
Tape Ring
Phillips Screwdriver
Hammer of Hatchet
Sanding Pole
Potato Masher
Duo-Fast Staple Gun

Mechanic-

All of Helper List
Drill
100' HD Cord
Keyhole Saw
Utility Saw
Tape
Chalk Box

Top Mechanic-

All of Helper and Mechanic List
Stilts
Portable Light