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.



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

1-888-464-4218





COMPANY

Name

Present Address ___

Are you over the age of 18?

Do you have a Drivers License?

exclude you from employment)

Reason for leaving

Location: _____

Telephone (

APPLICATION FOR EMPLOYMENT

HR USE ONLY

Employee No. Location Date Employed Pay Rate Shirt Size Reviewed By How did you hear about us? Advertisement Website Referral Walk-in Other Social Security No. Last Street _____ Cell Phone () _____ Email Are you authorized to be employed in the United States? Yes No Nο No If yes, License number___ Do you have dependable transportation to meet attendance requirements of the position? Have you ever been convicted of a crime, excluding minor traffic violations (a conviction does not nesessarily No If "YES" Explain: COMPANY EXPERIENCE Have you worked for this company before? Dates: From Month/Year Supervisor______ Rate of Pay ______ Position POSITION/GENERAL INFORMATION Position Applied For:_____ Date:

Rate of pay expected_____

P.O. Box 33429 **ADDRESS** Raleigh, NC 27636 CITY

Sears Contract, Inc.

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.

Middle

Who referred you?_____

Number

State

Yes

Yes

Yes

Post Office Box 334	29 • Raleigh, N	Iorth Carolina 27	7636 • Phone 91	19-754-0750 • F	ax 919-754-0890
4401 Chesapea	ke Drive • Cha	rlotte, NC 28216	• Phone 704-3	95-9454 • Fax 7	04-395-3639

Are you currently employed?

If not, when was your last day employed?

LIST ALL PR	RESENT AND PAST EMPL	OYMENT, B	EGINNING V	VITH THE MOS	ST RECENT
COMPANY NAME			DATES WORKED	POSITION(S) HELD	
ADDRESS, CITY, STATE, ZIP			-		
PHONE NO. ()			DUTIES/RESPONSIE	BILITIES	
TYPE OF BUSINESS					
			DEACON FOR LEAVE	N.C.	
NAME OF SUPERVISOR			REASON FOR LEAVE	NG	
BASE GROSS STARTING WAGE \$ PER HOUR/YEAR	ENDING WAGE \$ PER		WORK HOURS		
MAY WE CONTACT THIS EMPLOYER?	HOUR/YEAR Y N				
COMPANY NAME			DATES WORKED	POSITION(S) HELD	
ADDRESS, CITY, STATE, ZIP			1		
PHONE NO. ()			DUTIES/RESPONSIE	BILITIES	
TYPE OF BUSINESS					
NAME OF SUPERVISOR			REASON FOR LEAVE	NG	
BASE GROSS STARTING WAGE \$ PER HOUR/YEAR	ENDING WAGE \$ PER HOUR/YEAR		WORK HOURS		
MAY WE CONTACT THIS EMPLOYER?	YN				
	WC)rk referei	NCES		
NAME		YEARS	RELATIONS	HIP AND TITLE	
		KNOWN			
COMPANY					
WORK ADDRESS	CITY	STATE	HOME PHON	IE	WORK PHONE
NAME		YEARS KNOWN	RELATIONS	HIP AND TITLE	
COMPANY		1			
WORK ADDRESS	CITY	STATE	HOME PHON	IE	WORK PHONE
	EMERGENCY	CONTACT I	NFORMATIC	N .	
NAME			RELATIONS	HIP TO APPLICA	NT
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 polices 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 - RACE AND GENDER INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

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. 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 and gender. 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. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORMS.

If you chose 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:
Signature:Position applied for: (list only one)	
Gender Identification (check one) Female Male	
Race/Ethnic Identification (check one):	
Hispanic or Latino – A person of Cuban, Mexican, Puerto Rica or origin regardless of race.	nn, South or Central American, or other Spanish culture
If you did not check "Hispanic or Latino" above, please select one	of the following race/ethnic identifications.
White (Not Hispanic or Latino) – A person having origins in a or North Africa.	ny of the original peoples of Europe, the Middle East,
Black or African American (Not Hispanic or Latino) – A persor Africa.	n having origins in any of the black racial groups of
Native Hawaiian or Other Pacific Islander (Not Hispanic or La of Hawaii, Guam, Samoa, or other Pacific Islands.	tino) – A person having origins in any of the peoples
Asian (Not Hispanic or Latino) – A person having origins in ar Asia, or the Indian Subcontinent, including for example, Cambodia Philippine Islands, Thailand, and Vietnam.	
American Indian or Alaska Native (Not Hispanic or Latino). A North and South America (including Central America), and who ma	
Two or More Races (Not Hispanic or Latino) – All persons wh	o identify with more than one of the above five races.
I do not wish to self-identify	

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.
- 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 trabajodores

- 1. Habitualmente las horras de trabajo para SCI son de las 7:00 a las 3:30 de la tarde. Con la aprobación del superintendente del proyecto, las horras pueden ser de las 7:00 a las 5:30 de la tarde. Las horras 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 officina deje mensaje con nombre del trabajo, supervisor, y la razon.
 - b. Citas avise su supervisor el dia anterior y llame a la officina 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
 - d. Supervisores tienen que avisar a la officina si tienen que dejar el sitio durante las horas de trabaio.
- 3. Vestimienta:
 - 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

12 1 uii

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