



DOMINION

ELECTRIC SUPPLY COMPANY
OF WASHINGTON, LLC

APPLICATION FOR EMPLOYMENT

This company is an equal opportunity employer and conforms to all applicable state, federal and local laws prohibiting discrimination and considers applicants for all positions without regard to race, religion, creed, color, national origin, ancestry, ethnicity, sex, pregnancy, gender, age, marital status, genetic status, military status, veteran status, sexual orientation, gender identify, family responsibility, physical or mental disability, citizenship status or any other status protected by state, federal or local law.

Please complete the application, sign it and return the ORIGINAL to:

H/R Department, Dominion Electric Supply Company of Washington, LLC • 22 K Street NE, Washington, DC 20002 • (202) 789-0500

1. IDENTIFYING DATA

LAST NAME		FIRST NAME		M.I.	
SOCIAL SECURITY NUMBER		DATE OF BIRTH IF UNDER 18		DATE (TODAY)	
PRESENT ADDRESS		CITY		STATE	
				ZIP	
				HOW LONG?	
PRESENT HOME PHONE NUMBER			OTHER TELEPHONE NUMBER		
PREVIOUS ADDRESS		CITY		STATE	
				ZIP	
				HOW LONG?	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? (PROOF REQUIRED UPON EMPLOYMENT)					

2. POSITION OBJECTIVE

POSITION APPLIED FOR		
TYPE OF EMPLOYMENT		SALARY DESIRED
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY		\$ _____ PER _____
DATE AVAILABLE		
HAVE YOU EVER BEEN EMPLOYED BY DOMINION BEFORE OR HAVE ANY FAMILY MEMBERS WORKED AT DOMINION NOW OR PREVIOUSLY?:		
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO? ►		
WERE YOU REFERRED TO US?		
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY WHOM? ►		

3. EDUCATION

ENCIRCLE HIGHEST GRADE OR NUMBER OF YEARS COMPLETED ►	GRADE SCHOOL	HIGH SCHOOL	JR. COLLEGE	COLLEGE
	4 5 6 7 8	1 2 3 4	1 2 3	1 2 3 4 5 6 7
NAMES AND LOCATION OF SCHOOLS				
HIGH SCHOOL(S)	CITY	STATE		
COLLEGE(S)	CITY	STATE		
LIST ANY SPECIAL SCHOOLING OR HIGHER EDUCATION: (Military, Correspondence, Trade School, Masters, PhD, etc.)				

4. MILITARY SERVICE (U.S. ARMED FORCES ONLY)

VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF TRAINING RECEIVED: _____ RANK ACHIEVED: _____ BRANCH OF SERVICE: _____
TYPE OF WORK PERFORMED: _____

5. AUTOMOBILE USE

COMPLETE ONLY IF APPLYING FOR DRIVER, WAREHOUSE OR SALES POSITION IN WHICH YOU MAY BE ASKED TO DRIVE.

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

DRIVER'S LICENSE NUMBER: _____ STATE _____ CLASS/TYPE _____ EXPIRATION DATE: _____

DO YOU HAVE AUTOMOBILE INSURANCE IN FORCE? YES NO NAME OF CARRIER AND POLICY NUMBER: _____

HAVE YOU HAD YOUR DRIVER'S LICENSE REVOKED DURING THE PAST THREE YEARS? YES NO

Please Explain: _____

6. EMPLOYMENT HISTORY

Begin with your last position or present position if you are now employed. . If you wish, you may exclude organizations which would indicate any status protected by federal, state or local law.

EMPLOYER	ADDRESS	JOB TITLE	Month/Year From/To	EARNINGS
COMPANY NAME	STREET ADDRESS			
NAME OF IMMEDIATE SUPERVISOR	CITY, STATE AND ZIP			
REASON FOR LEAVING	PHONE NUMBER WITH AREA CODE			
SUMMARIZE YOUR JOB DUTIES:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER	ADDRESS	JOB TITLE	Month/Year From/To	EARNINGS
COMPANY NAME	STREET ADDRESS			
NAME OF IMMEDIATE SUPERVISOR	CITY, STATE AND ZIP			
REASON FOR LEAVING	PHONE NUMBER WITH AREA CODE			
SUMMARIZE YOUR JOB DUTIES:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER	ADDRESS	JOB TITLE	Month/Year From/To	EARNINGS
COMPANY NAME	STREET ADDRESS			
NAME OF IMMEDIATE SUPERVISOR	CITY, STATE AND ZIP			
REASON FOR LEAVING	PHONE NUMBER WITH AREA CODE			
SUMMARIZE YOUR JOB DUTIES:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Which of the above jobs did you like best? _____ Why? _____

Do you prefer a job with a variety of duties? YES NO What kind of work would you like most to do, if all paid the same? _____

Please use this space to explain any unemployment periods that lasted over one month _____

7. AUTHORIZATION DATA

DOMINION ELECTRIC SUPPLY is very interested in its people and the work environment. We are committed to the belief that through your professional growth we can achieve our goals as a company. For this reason we require the following authorizations in order to properly evaluate your qualifications. We urge you to read the following points carefully before signing this employment application.

I understand and agree to the following:

- A) The company and my previous employer(s) shall not be held liable in any respect if employment is not tendered, is withdrawn, or my employment is terminated due to falsification of my statements and answers in this application form. If I am employed, additional personal data will be required for determination of benefits and statistical purposes. ___ initials
- B) The Company complies with the federal Drug-Free Workplace Act of 1988 and expects all employees to work unimpaired by alcohol or drugs. If the Company makes me a conditional offer of employment, I may be required to undergo illegal drug and/or alcohol testing, depending on my position. Testing will be performed at the Company's expense and in compliance with applicable law. I understand that Dominion reserves the right to rescind an offer of employment based on the results of a drug or alcohol test. _____ initials
- C) The Company may conduct a Department of Motor Vehicles check of my driving record. ___ initials
- D) If I am employed by the Company, the Company or I may terminate that employment at will at any time and for any reason or no reason at all. No employee of the Company has the authority to modify this orally or in writing, except with the written approval of the Chief Executive Officer, or the President of the Company. ___ initials
- E) Though management tries to reasonably schedule employees based on their individual needs, business conditions may at times require working overtime, shiftwork, or a schedule that includes Saturdays, Sundays, and/or holidays. The Company will provide reasonable accommodation for employees' sincerely held religious practices or any other accommodations required by state, federal or local law. ___ initials
- F) If I am employed by the Company, I will fully adhere to all of the Company's policies and rules of employment. ___ initials

Completion of this application does not imply a promise of employment.

I hereby acknowledge that I have read the above statements and understand them, and that any misrepresentation or omission of the facts called for herein will at the Company's option, result in the cancellation of consideration for employment, or dismissal from the Company if I have been employed.

Signature: _____

Date: _____

THIS SECTION FOR COMPANY USE ONLY

START DATE: _____ DEPARTMENT: _____ JOB TITLE: _____

NON-EXEMPT/HOUR WAGE: _____ NEW POSITION _____

EXEMPT/ANNUAL SALARY: _____ REPLACEMENT FOR: _____

INTERVIEWED BY: {NAME} _____ DATE _____

EMPLOYMENT APPROVED BY {NAME} _____ DATE _____