



TO ALL APPLICANTS,

Please remove this letter from the application and take it with you. It is yours to keep and refer to.

Thank you for applying to AUI, Inc. We are happy you have chosen us as your prospective employer. As an applicant, it is natural for you to have a number of questions concerning positions, pay, benefits and what we expect from you as an applicant as well as, what you may expect from AUI, Inc. You will hopefully find the answers to most of your questions in this letter.

OUR APPLICATION PROCESS - WHAT YOU CAN EXPECT FROM US

1. To be treated fairly, with professionalism and respect. AUI, Inc., is an equal opportunity employer.
2. Equal access to programs, services and employment. Those applicants requiring reasonable accommodation to the application and/or interview process should notify an authorized official of AUI, Inc.
3. We **receive** all applications, but we do not **accept** incomplete applications, or applications that are unreadable. So please print or type neatly on the application form.
4. We review all received applications soon after they are submitted. During this review we accept or reject applications for the position applied for based on completeness and listed experience. Applications that are incomplete or unreadable will not be further considered, nor will the applicant be contacted.
5. We will contact applicants by phone or mail whose applications were accepted for initial interviews, and the applicant can expect several weeks notice in most cases.

STARTING TOWARDS A NEW CAREER - WHAT WE EXPECT FROM YOU

The first step is to fully complete your application for employment. Resumes' alone will not be accepted, but they can be attached to your application. The initial interview process is usually held at our facility. Interviews are conducted by an authorized official of AUI, Inc. selected for the task. Successful applicants should expect their references to be contacted. The initial interview may result in a conditional offer of hire for selected candidates. Employment may require transfer to different work locations based on the location of our projects and employee assignment. This may include overtime, night, weekend and/or holiday hours. In accordance with Federal law, proof of identity and proof of authorization to work in the United States is required upon employment.

To start employment at AUI, Inc., all Field employees are required to have the following:

- Steel Toe Boots
- Current CDL Physical
- Clean Driving Record

Within 90 days of employment all Field employees of AUI, Inc. are required to obtain a minimum of a Class B Commercial Drivers License. All employees are subject to random Drug Testing.

EMPLOYMENT APPLICATION



AUI, Inc.

AUI, Inc.
1600 W Pulaski Hwy
Elkton, MD 21921
(443) 715-0000

IMPORTANT, PLEASE READ THESE INSTRUCTIONS PRIOR TO COMPLETING YOUR APPLICATION: This application must be FULLY COMPLETED for consideration. Do not leave any question or information block unanswered. If you do not know an answer to a question, write UNKNOWN in the block. If a question does not apply to you, place an N/A in the answer block or set of blocks. You may attach a resume to this application, but resumes alone will not be considered for employment. DO NOT MARK THE APPLICATION "SEE RESUME".

SECTION 1) APPLICANT INFORMATION:

Position Applied for:		Application Date:	
Date Available for Work:		Type of Employment Desired: (Please circle one) Full Time Part Time	
Last Name:	First Name:	Middle Initial:	
Home Address:			
City:	State:	Zip Code:	
Home Phone:	Cell Phone:	Message Phone:	

1. Are you under 18? ___ Yes ___ No
 - 1a) If yes, can you furnish a work permit? ___ Yes ___ No
 - 1b) If no, please explain: _____

2. Have you previously been employed by AUI, Inc.? ___ Yes ___ No
3. Can you provide proof of eligibility to work in the United States? ___ Yes ___ No
4. Are you able to meet attendance requirements which may include overtime, week-ends and nights? ___ Yes ___ No
5. Have you been convicted of a crime or served time in jail/prison in the last seven (7) years? ___ Yes ___ No
(If yes, please attach an additional page with explanation.)

Note: A conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

SECTION 2) EMPLOYMENT HISTORY:

1. **Have you ever been terminated or asked to resign from any job?** ___ Yes ___ No
(If Yes, please explain the circumstances on a separate sheet and attach it to this application.)
2. Starting with your present employer, please account for your past work experience for the last 5 years. If applicable, please explain fully any gaps in your employment history in the sections provided. You may attach any supplement information you think might be useful. However, be sure to fill out this section completely. You are responsible for ensuring that the information requested is accurate and complete.

SECTION 2) EMPLOYMENT HISTORY (CONTINUED)

Job Title:		Start Date:	End Date:
Employer Name:		Phone:	
Employer Address:			
Supervisor Name, Title and Contact Phone Number:			
Co-worker Name, Title and Contact Phone Number:			
Co-worker Name, Title and Contact Phone Number:			
Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	May we contact this employer? If No, please explain on a separate sheet.	___ Yes ___ No
Reason for Leaving:			
Nature of Work Performed and Job Responsibilities:			
.....			
.....			

Please explain any gap in employment history here (if applicable) <small>List reason below (ie: travel, school, etc.) If you need additional space, please attach a separate sheet to your application.</small>		From Date:	To Date:

Job Title:		Start Date:	End Date:
Employer Name:		Phone:	
Employer Address:			
Supervisor Name, Title and Contact Phone Number:			
Co-worker Name, Title and Contact Phone Number:			
Co-worker Name, Title and Contact Phone Number:			
Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	May we contact this employer? If No, please explain on a separate sheet.	___ Yes ___ No
Reason for Leaving:			
Nature of Work Performed and Job Responsibilities:			
.....			
.....			

SECTION 2) EMPLOYMENT HISTORY (CONTINUED)

Job Title:		Start Date:	End Date:
Employer Name:		Phone:	
Employer Address:			
Supervisor Name, Title and Contact Phone Number:			
Co-worker Name, Title and Contact Phone Number:			
Co-worker Name, Title and Contact Phone Number:			
Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	May we contact this employer? If No, please explain on a separate sheet.	___ Yes ___ No
Reason for Leaving:			
Nature of Work Performed and Job Responsibilities:			
.....			
.....			

Please explain any gap in employment history here (if applicable) <small>List reason below (ie: travel, school, etc.) If you need additional space, please attach a separate sheet to your application.</small>	From Date:	To Date:
	

Job Title:		Start Date:	End Date:
Employer Name:		Phone:	
Employer Address:			
Supervisor Name, Title and Contact Phone Number:			
Co-worker Name, Title and Contact Phone Number:			
Co-worker Name, Title and Contact Phone Number:			
Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	May we contact this employer? If No, please explain on a separate sheet.	___ Yes ___ No
Reason for Leaving:			
Nature of Work Performed and Job Responsibilities:			
.....			
.....			

SECTION 2) EMPLOYMENT HISTORY (CONTINUED)

Job Title:		Start Date:	End Date:
Employer Name:		Phone:	
Employer Address:			
Supervisor Name, Title and Contact Phone Number:			
Co-worker Name, Title and Contact Phone Number:			
Co-worker Name, Title and Contact Phone Number:			
Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	May we contact this employer? If No, please explain on a separate sheet.	___Yes ___No
Reason for Leaving:			
Nature of Work Performed and Job Responsibilities:			
.....			
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Please explain any gap in employment history here (if applicable) <small>List reason below (ie: travel, school, etc.) If you need additional space, please attach a separate sheet to your application.</small>	From Date:	To Date:
	

Job Title:		Start Date:	End Date:
Employer Name:		Phone:	
Employer Address:			
Supervisor Name, Title and Contact Phone Number:			
Co-worker Name, Title and Contact Phone Number:			
Co-worker Name, Title and Contact Phone Number:			
Starting Hourly Rate/Salary:	Ending Hourly Rate/Salary:	May we contact this employer? If No, please explain on a separate sheet.	___Yes ___No
Reason for Leaving:			
Nature of Work Performed and Job Responsibilities:			
.....			
.....			

SECTION 3) EDUCATION, TRAINING, CERTICATES & LICENSES

1. Do you have a high school diploma, GED or equivalent? Yes No

List all schools attended, excepting elementary and middle schools:

Name of School:	Location of School:	Dates Attended (From/To):		Specify Degree or Certificate Earned:

2. Do you have a valid driver's license? Yes No

Note: A valid driver's license is required for positions where vehicle or equipment operation is an essential job duty.

List all valid drivers' licenses, flagger certifications or other government issued licenses you currently have:

State:	License Number:	Date Issued/Date of Expiration:	

SPECIAL SKILLS / QUALIFICATIONS:

3. List any special skills or qualifications you may possess.

MACHINERY / EQUIPMENT OPERATING SKILLS:

4. List any specialized machinery or equipment that you can operate. Please include any certification dates of formal training received:

Driver's Licenses Held:

State	License Number	Type	Expiration Date

Driving Experience:

Class of Equip.	Type of Equip. (Van, Tank, Flat, Etc.)	Date From	Date To	Appox. # of Miles
Straight Truck				
Tractor & Semi-Trailer				
Tractor - 2 Trailers				
Other				

Accident Record For The Past (3) Years or More:

Dates	Nature of Accident	Fatalities	Injuries

Traffic Convictions or Suspensions for the Past (3) Years or More:

Location	Date	Charge	Penalty

Have you ever ben denied a license, permit, or privilege to operate a motor vehicle? YES _____ NO _____

Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO _____

If you answer YES to either of these questions, please explain in detail on the back of this application.

SECTION 4) REFERENCES:

A. List two (2) **PERSONAL** references who know you well enough to provide current information about yourself. **DO NOT** list relatives or former employers as personal references. These persons should be aware that they may be contacted by AUI, Inc. as a part of the application process.

YOU ARE RESPONSIBLE FOR ENSURING THAT THE REFERENCE INFORMATION IS FULLY COMPLETED AND ACCURATE.

1) Name: _____ Phone Number: _____

Address: _____

Mailing Address: _____

Message Phone: _____ Years Known: _____

2) Name: _____ Phone Number: _____

Address: _____

Mailing Address: _____

Message Phone: _____ Years Known: _____

B. List three (3) **BUSINESS / PROFESSIONAL** references that know you and your work style, or work habits well enough to provide current information about you. These persons should be aware that they may be contacted by AUI, Inc. as a part of the application process.

1) Name: _____ Phone Number: _____

Company Name: _____

Business Address: _____

Title: _____ Years Known: _____

2) Name: _____ Phone Number: _____

Company Name: _____

Business Address: _____

Title: _____ Years Known: _____

3) Name: _____ Phone Number: _____

Company Name: _____

Business Address: _____

Title: _____ Years Known: _____



AUI Power
1600 W. Pulaski Hwy.
Elkton, MD 21921
Phone 443-715-0000
Fax 410-398-5500
info@auipower.com

Authorization to Release Driving Information

I hereby authorize AUI, Inc. to obtain any information in my files pertaining to my driving record.

This release is executed with full knowledge and understanding that the information is for official use of AUI, Inc.

Consent is granted for AUI, Inc. to furnish such information as described above, to third parties in the course fulfilling its official responsibilities. This form shall be valid over the course of my employment while authorized to drive vehicles owned by AUI, Inc.

Applicant Information:

Full Name: _____

Driver's License Number: _____

State Issued: _____ Expiration Date: _____

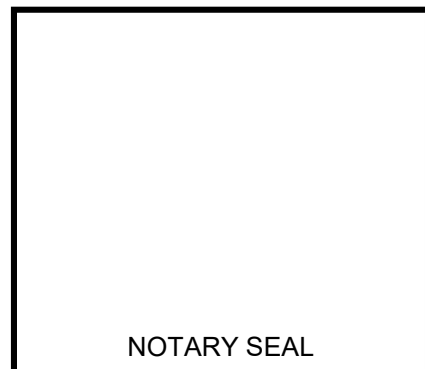
Signature: _____ Date: _____

AUI Office Use Only

Notary Signature: _____

Date: _____ *Commission Expires:* _____

AUI, Inc. Signature *Date*



NOTARY SEAL