

Hope Electric – PO Box 220 – Hope, ND 58046

Phone – 701-945-2460 – Fax 701-945-2334

Type of Work

Hope Electric specializes on Grain/Ag Plants and Commercial Projects in ND, SD, and MN. You may be working out of town up to 75 – 100% of the time depending on what jobs you are on. Out of town workers are paid travel time one way to job and ½ ways back. They are usually home weekends. Must have a current driver's license and be willing to agree to a driving background check and submit to pre-employment and random Drug Testing.

Journeyman

Wages range from a minimum of \$22.00 to \$30.00 depending on experience.

Hours

Summer – Fall 45-55 Hours Per Week

Winter – Spring 40-45 Hours Per Week

Over time is paid time and one half. Some weeks could be more hours depending on how busy we are. Sundays are paid Double time as long as you have a full day on that Saturday before.

Per Diem

Per Diem pay for out of town is paid \$45.00/Journeyman, \$25.00/Apprentice per each night out of town for room and meals. We pick up the room.

Paid Holidays

There are 6 paid holidays for all full time employees.

Vacation – Sick – Personal Days

New employees in there 1st part of year can earn one day each three months. Then on the 1st of the year you will start with one week for that year. The next year you will have two weeks. The following years you will remain at two weeks per year until you become a Journeyman. You will then earn three weeks.

Maternity Leave

Up to 12 weeks of leave for the birth, adoption, or foster placement of a child or for a serious health condition of a parent, child, spouse, or employee.

401K

401K retirement plan you would be eligible after 3 months. At the 3 month mark, if you choose to start 401k HEI will match up to 3%.

Health Insurance

Full-time employees can apply for our group Sanford Health Plan with an effective date the 1st of the following month, contact Trina for details.

Below details apply to Sanford 100- 2800 Plus Network plans any upgrade plan costs will be at the employee's expense.

Journeyman we pay 100% of the health insurance if they are accepted to our group plan, any upgrade plan costs will be at the employee's expense.

For new apprentice if you qualify for our Group health plan we start paying 50% premium of a single coverage plan equaling per month. Every year of the plan year the company will pay an additional 10% and continue up to 80% until you get your Journeyman License then we will pay 100%. This applies when you apply for a Family Plan as well, the company will start out paying the equivalent of 50% of a single plan towards your Family Plan premium monthly.

For new Secretary's if you qualify for our Group health plan we start paying 50% premium of a single coverage plan per month. After 1 year we will pay 100% premium of a single coverage plan per month. This applies when you apply for a Family Plan as well, the company will start out paying the equivalent of 50% of a single plan towards your Family Plan premium monthly and at the 1 year mark we will cover equivalent of 100% premium of a single plan towards your Family plan. After 3 years Hope Electric will pay up to 50% of a Family plan cost towards your premiums.

Apprentice Pay Scale

Level	Months Experience	Hours Count	Rate
0	0	0	\$16.00
1	6	1000	\$16.50
2	12	2000	\$17.00
3	18	3000	\$17.50
4	24	4000	\$18.00
5	30	5000	\$18.50
6	36	6000	\$19.00
7	42	7000	\$19.50
8	48	8000	\$20.00

Each 6 months will count for 1000 hours on the Job. Electrical Tech school will count 6 months for each year of school, 2 year grad will be at 2000 hrs.

After 48 months there is no more scale until you pass your Journeyman's Test and receive your License. Raises will be reviewed every 6 months, on January 1st and July 1st. You would need the hours above or more and be current in the training class with all lessons complete with a passing grade. Raises are not automatic; they are subject to satisfactory progress.

Drug Testing

ADM sites need a test before you go to site. We have a random drug testing policy, meaning we can pull you for a drug test at any time.

Safety

You will need to read over our safety handbook and watch our safety videos during your new-employee orientation. HEI does weekly tool box talks that need to be turned into Trina each week.

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APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY
EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	DATE OF BIRTH	REFERRED BY	
HAVE YOU EVER BEEN CONVICTED OF OR PLEADED NO CONTEST TO A FELONY IN THE PAST 7 YEARS? YES _____ NO _____ IF YES, PLEASE EXPLAIN			
VALID DRIVER'S LICENSE NO.		STATE OF LICENSE	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED YES _____ NO _____	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES _____ NO _____	
EVER APPLIED TO THIS COMPANY BEFORE? YES _____ NO _____	IF YES, WHEN?	

EDUCATION HISTORY

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

GENERAL INFORMATION

LIST JOB-RELATED SKILLS, LICENSES, TRAINING, HONORS, AWARDS, AND SPECIAL ACCOMPLISHMENTS
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EMPLOYMENT HISTORY

(START WITH PRESENT OR LAST POSITION)

EMPLOYER		ADDRESS	
PHONE NO.	SUPERVISOR		POSITION
HOW LONG EMPLOYED? (MONTH & YEAR)		DUTIES	
SALARY	REASON FOR LEAVING		

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SALARY	REASON FOR LEAVING		

REFERENCES

(GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS KNOWN	PHONE NO.

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 PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION."

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
