

## 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% of the time depending on what jobs you are on. Out of town workers are paid travel time one way to job and 1/2 way back. They are usually home weekends. Must have a current drivers license and be willing to Agree to driving background check and submit to pre employment and random Drug Testing

### **Journeyman**

Wages range from a minimum of \$32.00 to \$35.00 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.

### **Per Diem**

Per Diem pay for out of town is paid \$65.00/Journeyman, \$45.00/Apprentice per each night out of town for room and meals. If we pick up the room, the per diem is paid \$45.00/Journeyman and \$25.00 /Apprentice.

### **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. Journeyman will get 3 weeks on the 1<sup>st</sup> of each year

### **Health Insurance**

Employees can apply for our group Health plan 60 Days after they start work. Journeyman we pay 100% of the health insurance if they are accepted to our group plan.

### **401K**

401K retirement plan you would be eligible after 3 months

**Apprentice Standards**

The North Dakota State Electrical Board requires new Apprentice Electricians registered after February 1, 2008 either have (2) years of Electrical Tech School or enroll in and complete (576) hours of training approved by the US Dept of Labor which Hope Electric has in Place and you will be required to attend if you do not have the (2) Year School. You also are required to have a high school GED, be at least 18 years old and have a valid drivers license. The following pay scale is for apprentice that meet these requirements.

**Apprentice Pay Scale**

Level	Months Experience	Hours Count	Rate
0	0	0	\$20.00
1	6	1000	\$20.50
2	12	2000	\$21.00
3	18	3000	\$21.50
4	24	4000	\$22.00
5	30	5000	\$22.50
6	36	6000	\$23.00
7	42	7000	\$23.50
8	48	8000	\$24.00

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

After 48months there is no more scale until you pass your Journeyman's Test and Receive your License. Raises will be reviewed every 6months, 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.

For new apprentice if you qualify for our Group health plan we start paying 10% of premium after 6months. Then each 6 months we pay an additional 10% until we are paying 80% of premium. When you get your Journeyman License we pay 100%.

As of \_\_\_\_\_ our records show you have \_\_\_\_\_ Months on the Job  
 \_\_\_\_\_ Months for Tech School  
 Name \_\_\_\_\_ Total Months Experience \_\_\_\_\_

**Health Insurance - All New Full Time Employees**

Hope Electric is able to offer Health Insurance (Medical, Dental and Vision) to all New Full Time Employees. Employees can apply 60 Days after they start work,

**Journeyman**

Hope Electric will pay for 100% of coverage upon acceptance.

**Apprentice**

New Apprentice with no time are responsible for 100% of premium until 6 months. Then Hope Electric will pay 10% of premium. Each 6months we will pay an additional 10% until you become a Journeyman. Then we pay 100%

Apprentice with time and school with another company will have there share of premium pro rated according to be reviewed per each apprentice.

Aflac and HAS Health Savings Plan Also available

**Drug Tests**

We have a random drug testing policy, meaning we can pull you for a drug test at any time.

**Safety**

Need to go over our safety program and watch safety videos soon after employment

**HEI Benefits**

**BCBS, Aflac, Paid Vacation, Paid Holidays, 401K, Xmas bonus, Winter work**

**Per Diem, Overtime, Double time, Paid code class, Apprentice training program**

**Paid travel time, Paid shop time**

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APPLICATION FOR EMPLOYMENT    PRE-EMPLOYEMENT 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