

Employment Application

Solar Technology is an Equal Opportunity Employer

We greatly appreciate your interest in our organization and assure you that applicants are considered for all positions without regard to race, color, sex, age, religion, national origin, disability, marital or veteran status. Please note this application must be completed in its entirety and signed in order to be considered. Information submitted on this application is subject to verification. NOTE: All new hires are required to submit documentation in accordance with the Immigration Reform and Control Act of 1986. In addition, Solar Technology employees may be required to submit to drug/alcohol testing both prior to their first day of employment and during the scope of their employment.

Personal Information:

Date: _____

Name: _____ Social Security #- _____
Last First Mi

Present address: _____
Street City State ZIP

How long have you lived at this address? _____ Phone #: _____

Previous address: 1. _____
Street City State ZIP
 2. _____
Street City State ZIP

How long did you live there? 1. _____ 2. _____

Are you at least 18 years of age? ☐ Yes ☐ No If No, please state your age: _____

Are you legally eligible for employment in the US? ☐ Yes ☐ No

Employment Information:

Position applying for: _____ Date available to start: ____/____/____

Type of employment desired: ☐ Full time ☐ Part time ☐ Temporary Salary desired: \$ _____ per _____

Are you willing to work overtime, if required? Are ☐ Yes ☐ No

there any shifts or hours that you cannot work? ☐ Yes ☐ No If yes, please identify: _____

Have you ever applied for a position with Solar Technology before? ☐ Yes ☐ No _____ If yes, when?

Have you ever been convicted of any crime other than a minor traffic violation? ☐ Yes ☐ No

If yes, state date and places where charges occurred (Note: answering "Yes" will not automatically disqualify you for employment)

Have you taken any illegal drugs in the past thirty (30) days? ☐ Yes ☐ No

Are you presently employed? ☐ Yes ☐ No If yes, may we contact your present employer? ☐ Yes ☐ No

Education:

	Name and Location of School	Years Completed	Did you Graduate?	Degree Earned Major/Minor
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any extracurricular activities, awards, scholarships, or clubs that you were involved in which might be related to the position for which you are applying: _____



Solar Technology, Inc. 7620 Cetronia Road, Allentown, PA 18106
www.solartechnology.com Fax 610-391-8601 Phone 610-391-8600

ZERO TOLERANCE POLICY

SOLAR TECHNOLOGY, INC. strictly enforces a drug and alcohol free workplace and has ZERO TOLERANCE for the abuse of illegal drugs and alcohol.

As part of the Zero Tolerance Workplace Program **SOLAR TECHNOLOGY, INC.** has instituted a random drug screening program in accordance with applicable laws and may require individuals to undergo a screening test for illegal drugs and alcohol as a condition of employment. Any applicant who tests positive for either illegal drugs or alcohol will not be eligible for hire.

Information concerning any action taken as a result of drug and alcohol testing, test results and subsequent communication with the applicant is considered private and confidential.

I understand and am willing to comply with the **SOLAR TECHNOLOGY, INC.** Zero Tolerance Workplace Program.

Applicant: _____
Signed: _____
Date: _____

RETURN APPLICATION TO SOLARTECH:

Email to: hr@solartechnology.com
or Fax to 610-391-8601

BE SURE TO INCLUDE ALL 3 PAGES

As Reliable as the Sun

Employment Experience:

Please give accurate, complete full and part time employment record. Start with your present or most recent employer first.

1. Company Name:	Telephone:
Address:	Employed From: _____ To: _____
Name of Supervisor:	Salary/Wages Start: _____ Finish: _____
State job title and responsibilities:	Reason for separation:
2. Company Name:	Telephone:
Address:	Employed From: _____ To: _____
Name of Supervisor:	Salary/Wages Start: _____ Finish: _____
State job title and responsibilities:	Reason for separation:
3. Company Name:	Telephone:
Address:	Employed From: _____ To: _____
Name of Supervisor:	Salary/Wages Start: _____ Finish: _____
State job title and responsibilities:	Reason for separation:

Note that all the employers listed above will be contacted unless the applicant indicates differently.

Are there any employers above whom you do not wish for us to contact? ☐Yes ☐No

If yes, please indicate employer and reason: _____

Military Experience:

Branch of Service:	Served From: _____ To: _____
Specialty/MOS/Rate:	
Highest rank attained:	

Are you currently actively drilling with a Military or National Guard Unit? ☐Yes ☐No

References:

List below the names of three persons, not related to you, whom you have known for at least one year.

Name	Address and Telephone	Business	Years Acquainted

I hereby reaffirm that I have read the foregoing questions and that my answers to them are true and correct and that I have not misrepresented or withheld any information. I understand that falsification of this information may be cause for immediate dismissal. I further acknowledge that my employment may be terminated, and any offer of employment may be withdrawn without prior notice at any time by the company or me. I also understand that my employment is at will. This means that I am free to terminate my employment at any time, for any reason, and the company retains the same right. I understand that any offer of employment may be contingent upon a credit and criminal background investigation and a pre-employment drug screen. I hereby authorize all references and former employers listed on my employment application to give the company any and all information concerning my previous employment and any pertinent information they might have, personal or otherwise. I hereby release all parties, including agents, from any claims, causes of action, or liability from damages that may or could result from furnishing such information to the company or as a result of information obtained through a background investigation or drug screen.

Signature of Applicant: _____ Date: _____



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COVID-19 VACCINE POLICY

The purpose of this policy is to minimize exposure to and transmission of the COVID-19 virus in the workplace. The COVID-19 vaccination has been found to be both safe and effective in reducing the risk of COVID-19. Given the current pandemic and the federal mandates, Solar Technology, Inc., has made the determination that the COVID-19 vaccination is necessary to provide a safe and healthy workplace and to minimize the direct threat of the virus.

For purposes of this Policy, an employee is considered fully vaccinated two (2) weeks after the final dose of a 2-dose series of a COVID-19 vaccine, such as the Pfizer or Moderna vaccines, or two (2) weeks after the administering of the single-dose vaccine, such as Johnson and Johnson's Janssen vaccine. The term "fully vaccinated" further includes the requirement that an employee receives any booster doses of the COVID-19 vaccine which are endorsed by the CDC Advisory Committee for Immunization Practices (ACIP).

This Policy is effective as of **October 20, 2021**. If applicable, employees must provide an exemption request, by **October 29, 2021**, if applicable. Employees who are not approved for an exemption must complete the vaccination series by **December 8, 2021**. The deadline to receive any booster doses as required by this Policy will be within three (3) weeks of a Solar Technology, Inc. announcement requiring any such booster, provided the appropriate timeframe has passed from the individual's initial vaccination(s) as recommended by the ACIP. Applicants will be informed of this Policy prior to hire and must show evidence of vaccination prior to being hired by Solar Technology, Inc.

At this time, there is no cost for vaccinations. To the extent a cost is incurred, Solar Technology, Inc. will reimburse the cost for vaccinations. Employees who fail to comply with the COVID-19 Vaccination Policy will be subject to disciplinary action, up to and including termination of employment.

In order to request an exemption, please complete Attachment "A".

Medical Waiver: A medical waiver, which is attached hereto as Attachment "B" must be signed by the team member's health care provider and returned to Human Resources by October 25, 2021.

Records will be maintained documenting vaccinations and waivers.

Religious Waiver: A religious waiver, which is attached hereto as Attachment "C", must be returned to Human Resources by October 25, 2021.

Employees who do not receive the vaccination due to a religious or medical waiver will be required to adhere to additional Covid safety requirements.



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ATTACHMENT A
IMMUNIZATION EXEMPTION REQUEST FORM

I request an exemption to the COVID-19 immunization requirement based on the following:

_____ Medical Reason

_____ Religious Belief

I have attached and/or requested the required supporting documentation to this request (Attachment B for medical reason or Attachment C for religious belief). I understand that my failure to submit acceptable medical documentation or provide sufficient information describing my religious belief, observance or practice may result in my request for an exemption being denied.

I understand that my request for an exemption may be reviewed by employees of Solar Technology, Inc., including Human Resources and/or Legal Counsel or other authorized representatives who may assist in the evaluation of my request. I consent to the release of the request and supporting documentation to all such representatives of Solar Technology, Inc., on a need-to-know basis, in order for the representative to carry out their duties and to act on my request for an exemption. I acknowledge that I must be 18 years or older to sign this document.

Name: _____

Signature: _____

Date: _____