



Confidential Qualification Application

Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____ Evening Phone (____) _____

Best time of day to reach Day Evening Anytime

Social Security Number _____ Date of Birth _____

Marital Status _____ Spouses Name _____ Spouses Occupation _____

Have you ever been convicted of a felony or a misdemeanor (other than a minor traffic violation)?

Yes No If yes, please provide details: _____

Have you ever been adjudicated bankrupt? Yes No If yes, please provide details:

Home Own Rent How Long at this address? _____

Previous Address: _____

Business Name: _____

Address _____ City _____ State _____ Zip _____

Business Phone: _____ Fax _____

Federal Tax ID: _____

Relevant Experience/Qualifications:

The undersigned does hereby certify that all information provided in this confidential Qualification Application is true and correct. I, the undersigned, authorize FirstEnergy to make any additional credit or reference checks it deems necessary.

Signature _____ Date _____

ELECTRICAL /HVAC/ LIGHTING CONTRACTOR QUESTIONNAIRE

COMPANY NAME		DATE	
MAILING ADDRESS, CITY, STATE, ZIP		Email Address	
CONTACT NAME		CONTACT PHONE	FAX
YEARS IN BUSINESS		CELL:	
<input type="checkbox"/> LESS THAN 1 YR. <input type="checkbox"/> 1 - 5 YRS <input type="checkbox"/> MORE THAN 5 YRS		NO. OF EMPLOYEES	MULTIPLE CREWS <input type="checkbox"/> YES <input type="checkbox"/> NO
PRODUCTS AND SERVICES <input type="checkbox"/> APPLIANCE SERVICE <input type="checkbox"/> LIGHTING <input type="checkbox"/> OTHER _____ <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> HVAC <input type="checkbox"/> WATER HEATERS			
PHYSICAL AND ADMINISTRATIVE STAFF		LENGTH OF TIME COMPANY HAS INSTALLED HVAC /ELECTRICAL /OUTDOOR LIGHTING	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> LESS THAN 1 YR <input type="checkbox"/> 1-5 YRS <input type="checkbox"/> MORE THAN 5 YRS	
INSTALLS PER YEAR	TYPE OF INSTALLS	TYPE OF TRAINING	
COUNTIES CURRENTLY SERVED:			
COUNTIES OF INTEREST FOR LIGHTING INSTALLATIONS AND / OR ELECTRICAL- HVAC SERVICE REQUESTS:			
MAINTENANCE OR SERVICE CONTRACTS OFFERED		CUSTOMER FOLLOW - UP	TYPE OF FOLLOW - UP
<input type="checkbox"/> YES <input type="checkbox"/> NO PA REGISTRATION # _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX <input type="checkbox"/> SITE VISIT
LICENSED ELECTRICIAN ON STAFF	EVENING DEMOS	REGISTERED CONTRACTOR IN REQUESTED AREAS	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRENCHING EQUIPMENT			
<input type="checkbox"/> SIDEWALK BORING <input type="checkbox"/> DRIVEWAY CROSSING <input type="checkbox"/> LONG RUNS			
INSTALLS AND SERVICE PROVIDED AFTER HOURS		WEEKEND INSTALLATIONS	INSTALLS PER MONTH
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EMERGENCY WORK		<input type="checkbox"/> YES <input type="checkbox"/> NO	
MONTHS INSTALLATIONS OR SERVICE CANNOT BE PERFORMED			
OTHER UTILITY PROGRAM PARTICIPATION		UTILITY NAME	WHEN
IF PART TIME BUSINESS, LIST EMPLOYER AND POSITION CURRENTLY HELD:			

