Application for Employment

Coweta - Fayette Electric Membership Corporation

807 Collinsworth Road Date of Application_ Palmetto, Georgia 30268 It is the practice of Coweta - Fayette Electric Membership Corporation to accept Applications for Employment for existing vacancies only. You must submit a separate application for each position for which you desire to be considered. Complete information should be furnished in order that we may give you fair and appropriate consideration. Coweta - Fayette Electric Membership Corporation shall abide by the requirements of 41 CFR 60-1.4(a) 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities and prohibit discriminations against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability. 1. Position Information Position applying for: _ Have you ever applied for a job with Coweta - Fayette EMC? $\ igsqcup$ Yes $\ igsqcup$ No If "Yes", please give the dates of application and the positions for which you applied. _____ State your name at that time, if different from present name._____ Date available: __ Have you previously been employed with a Coweta - Fayette Electric Membership Corporation?: Yes No If "Yes", what was your date of termination?___ 2. General Information Name Last First Middle Address Home Telephone Number _____ Cellular Telephone Number Email If hired, can you furnish proof that you are eligible to work in the United States? \square Yes \square No (If unsure of the documentation needed to prove eligibility to work in the United States, we will explain the legal requirements.) If "No", please explain: _____ Do you have a driver's license? Yes No During the past seven years, have you ever been denied a driver's license, or convicted of a moving traffic offense, including but not limited to: driving while intoxicated or reckless driving? Yes No If "Yes", please explain: If hired, can you furnish proof that you are 18 years of age? Have you been convicted of a felony or released from prison in the past 10 years? Yes No Note: a "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date and type of job for which you are applying will be considered. If "Yes", please explain: ______ Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in automatically disqualify you from employment. If "Yes", please explain fully: Are you related by blood or marriage to the immediate family of any present Coweta - Fayette EMC employee, Director, or Alternate Director, or the immediate family of a Director of an Electric Membership Corporation? Relationship No Name Do you have any commitments to another employer that might affect your employment with our company?

If "Yes", please explain: ___

	able to work during the norm No if "No", please exp				or which you are
3. Military Stat	us				
	perience from your military se If "Yes", please explain:			-	
4. Education a	nd Training				
High School	NameAddressDid you graduate?		College	NameAddress Degree Major Minor	
Correspondence or Trade School	NameAddress Degree Minor		Graduate School	Address	Minor
description, or that explain:	e professional licenses and ce are necessary to perform the rical position, list any office medWPM A t History (Begin with the	e job for which hachines which	you are applying you can oper and speed	ng? Yes rate proficiently:	
Company Name Address	Employed from to Position Title Duties				
Phone Supervisor		Salary Range or Hourly Rate \$			
Company Name Address	Employed from to Position Title Duties				
Phone Supervisor		Salary Range or Hourly Rate \$			

Company Name	Employed from to			
	Position Title			
Āddress	Duties			
Phone				
Supervisor	Salary Range or Hourly Rate \$			
	Reason for leaving			
Company Name	Employed from to			
Address	Position Title			
Address	Duties			
-	.			
Phone	Salary Range or Hourly Rate \$			
Supervisor	Reason for leaving			
6. Personal References				
Name				
Address				
				
Home Telephone Number				
Business Telephone Number				
Years Known				
Name				
Address				
Home Telephone Number				
Business Telephone Number				
Years Known				
Nama				
Name				
Address				
Home Telephone Number				
Business Telephone Number				
Years Known				
Todio Idiowii				
7. Additional Comments				

8.	To be	Read	and	Signed	b١	Apr	olicant

I hereby authorize Coweta - Fayette Electric Membership Corporation to investigate all statements contained in this application. I understand that misrepresentation or omission of material facts will be a cause for immediate dismissal without notice.

I understand that passing a physical examination by the Coweta - Fayette Electric Membership Corporation physician is required to determine physical fitness as related to job requirements before being employed by Coweta-Fayette EMC. The corporate physician is hereby authorized to discuss the results of the medical examination, as it relates to work activities, with the appropriate Coweta - Fayette EMC personnel. I certify, as a condition of my employment, that all information given on this application is correct, and that I will comply with all the rules and regulations of this corporation that are in effect now and any others that my be instituted at a later date. I also agree to follow all health and safety regulations including the use of safety equipment at all times on the job.

I also authorize the release of information with regard to my character, ability, employment and habits and agree to hold any persons contacted harmless with respect to any information they may give.

I understand that my employment is conditioned also upon the results of the urine drug screen for which I submitted or will submit a specimen for testing. I realize that any positive result not caused by the presence of a legitimately prescribed prescription drug will cause my being refused employment or dismissed if the results of the test are received after my initial employment date.

Signature	Date
To Be Completed by Hiring Mana	ger and General Manager
□HIRE	
-	
	Compa-Ratio
•	
Date of Offer of Employment	
☐ REJECT	
Hiring Suupervisor/Manager	
Date	
<u></u>	
DISPOSITION	
Employment Offered and Accepted	Start Date
Employment Offered and Declined	Justification
General Manager	