

# Application for Employment

## Coweta-Fayette Electric Membership Cooperative

Date of Application \_\_\_\_\_

807 Collinsworth Rd  
Palmetto, GA 30268

It is the practice of Coweta - Fayette Electric Membership Cooperative 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 Cooperative 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, religion, sex, sexual orientation, gender identity, age, national origin, ancestry, citizenship, disability, or veteran status.

### 1. Position Information

Position applying for: \_\_\_\_\_

How did you hear about this job opening? \_\_\_\_\_

Date available: \_\_\_\_\_

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 any Electric Membership Cooperative?

Yes No

If "Yes", name of family member: \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever applied for a job with Coweta-Fayette EMC? Yes No

If "Yes", please give the dates of application and the position for which you applied \_\_\_\_\_

State your name at that time, if different from present name \_\_\_\_\_

Date Available: \_\_\_\_\_

Have you previously been employed with Coweta-Fayette EMC? Yes No

If "Yes", what was your date of separation? \_\_\_\_\_

### 2. General Information

Name \_\_\_\_\_  
Last First Middle Preferred

Address \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

\_\_\_\_\_ Cellular Telephone Number \_\_\_\_\_

E-mail \_\_\_\_\_

If hired, can you furnish proof that you are eligible to work in the United States? Yes No  
(if unsure of the documentation needed, we will explain legal requirements) If "No", please explain:

If hired, can you provide proof that you are at least 18 years of age? Yes No

Do you have a valid driver's license? Yes No

During the past 7 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 currently employed, may we contact your current employer as part of our pre-screening process?

Yes No

Do you have any commitments to another employer that might affect your employment with our company?

Yes  No If "Yes", please explain: \_\_\_\_\_

If hired, will you be able to work during the normal hours and days required for the position for which you are applying?  Yes  No If "No", please explain: \_\_\_\_\_

### 3. Military Status

Do you have any experience from your military service that would be relevant to the job for which you are applying?  Yes  No If "Yes", please explain: \_\_\_\_\_

### 4. Education and Training

<b>High School</b>	Name _____ Address _____ Did you graduate? _____	<b>College</b>	Name _____ Address _____ Degree _____ Major _____ Minor _____
<b>Correspondence Or Trade School</b>	Name _____ Address _____ Degree _____ Major _____ Minor _____	<b>Graduate School</b>	Name _____ Address _____ Degree _____ Major _____ Minor _____

Do you have all the professional licenses and certifications listed in the job announcement, job advertisement, or job description, or that are necessary to perform the job for which you are applying?  Yes  No

If "Yes", please list license/certification names and date obtained: \_\_\_\_\_

If "No", please explain: \_\_\_\_\_

List any software which you can use proficiently: \_\_\_\_\_

### 5. Employment History (Begin with most recent)

_____ Company Name _____ Address _____ Phone _____ Supervisor	Employed from _____ to _____ Position Title _____ Duties _____ _____ _____ Reason for Leaving _____
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_____ Company Name _____ Address _____ Phone _____ Supervisor	Employed from _____ to _____ Position Title _____ Duties _____ _____ _____ Reason for Leaving _____
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_____ Company Name	Employed from _____ to _____
_____ Address	Position Title _____
_____ Phone	Duties _____
_____ Supervisor	Reason for Leaving _____

_____ Company Name	Employed from _____ to _____
_____ Address	Position Title _____
_____ Phone	Duties _____
_____ Supervisor	Reason for Leaving _____

_____ Company Name	Employed from _____ to _____
_____ Address	Position Title _____
_____ Phone	Duties _____
_____ Supervisor	Reason for Leaving _____

**6. Personal References**

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Years known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Years known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Years known \_\_\_\_\_

## 7. Additional Comments

## 8. To be Read and Signed by Applicant

I hereby authorize Coweta-Fayette Electric Membership Cooperative 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 Cooperative physician is required to determine physical fitness as related to job requirements before being employed by Coweta-Fayette Electric Membership Cooperative. The cooperative physician is hereby authorized to discuss the results of the medical examination, as it relates to work activities, with the appropriate Coweta-Fayette Electric Membership Cooperative 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 the Cooperative that are in effect now and any others that may 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 while 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 \_\_\_\_\_