

Employment Application



**Amicalola
Electric Membership Corporation**
544 Hwy 515 South
Jasper, GA 30143
Telephone: (706) 253-5200
www.amicalolaemc.com

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, religion, disability, citizenship or veteran status. This application is void after 30 days.

Personal Information

Last Name	First	Middle	Date
Street Address			Home Phone ()
City, State, Zip		How long have you resided at this address?	Business Phone ()
E-mail Address:		Alternate E-mail Address:	Social Security No.
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			Pay Expected
Position applied for			Will you work overtime if asked?
Apart from absence for religious observance, are you available for full-time work? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, what hours can you work?			When will you be available to begin work?
Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been in the military service? Period of Service		Rank at Discharge	
Are you related to anyone currently employed by Amicalola EMC or on the Board of Directors? <i>A relative is defined as any person who is a parent, grandparent, child, grandchild, brother, sister, husband, wife, aunt, uncle or first cousin, by blood or law.</i> If so, name and relationship _____			

Education and Training

High School	Name: _____ City and State: _____ Last Grade Completed: _____ Special Courses: _____	Business or Technical School	Name: _____ City and State: _____ Last Grade Completed: _____ Special Courses: _____
College	Name: _____ City and State: _____ Last Grade Completed: _____ Special Courses: _____	Additional Study	Name: _____ City and State: _____ Last Grade Completed: _____ Special Courses: _____
Skills	<input type="checkbox"/> Typing _____ WPM <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Fork Lift Operator <input type="checkbox"/> Warehousing, Inventory Control <input type="checkbox"/> 10 Key Adding Machine <input type="checkbox"/> Accounting <input type="checkbox"/> Heavy Equipment Operator <input type="checkbox"/> Drafting <input type="checkbox"/> Computer <input type="checkbox"/> Cashier <input type="checkbox"/> Automotives <input type="checkbox"/> Electronic <input type="checkbox"/> Bilingual _____ (language) <input type="checkbox"/> Electrical Lineman <input type="checkbox"/> Hydraulic Equipment List other machines or equipment which you operate proficiently _____		

Personal References

(excluding former employees or relatives)

Name and Occupation	Address	Phone Number
Name and Occupation	Address	Phone Number
Name and Occupation	Address	Phone Number

What was your previous address?	How long did you reside at previous address?
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.	
Have you been convicted of any criminal offense other than a traffic violation? If so, please describe fully the criminal conviction, listing the nature of the offense, your age at the time of the offense, and your rehabilitation since the conviction. (A conviction record will not necessarily be a bar to employment.)	

Note: The Fair Credit Reporting Act requires that we notify you that a routine inquiry will be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Please review the attached information about the Nature and Scope of Investigations and Use of Information Obtained from Third Parties and your rights under the Fair Credit Reporting Act.

I hereby authorize Amicalola EMC to investigate all information given in this application. I certify that all information given on this application is correct, and I understand that any misrepresentation or omissions of facts called for in this or other Company forms will be cause for immediate dismissal without notice. I release Amicalola EMC, and all representatives, employees and agents thereof, from any liability or damages in connection with efforts to verify such information and I release all third parties from any liability or damage on account of having furnished the same.

I understand that after an offer of employment has been made, but before commencing work with Amicalola EMC, that a pre-employment physical, which includes drug screening, is required. I understand that a job offer can be rescinded if, according to reasonable medical judgement, I cannot perform the essential functions of the job with or without reasonable accommodation, or pose a threat to the health or safety of myself or others in the workplace. This physical examination will be used only in a manner consistent with job relatedness and business necessity. I further understand that Amicalola EMC is willing to make every reasonable effort to accommodate any disability that I might have, provided that the accommodation will allow me to perform the essential functions of the job without any undue hardship. The physician is hereby authorized to discuss results of the medical examination as it relates to work activities with appropriate EMC personnel, and that the information supplied will be held in strict confidence, subject to certain permitted disclosures.

If employed, I agree to 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 on the job.

I understand that my employment may be terminated at any time at the option of either myself or the Cooperative. I understand that no management representative has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing. I further understand that no written policy, statements, handbooks, memoranda or any other materials provided to me by the EMC are intended to serve as written or implied contracts of employment, with the sole exception of a ratified labor agreement. I also recognize that no employees or representatives of the EMC are authorized to enter into any oral contracts of employment concerning my wages, benefits, or any other term or condition of employment.

Date _____

Signature of Applicant _____

Pre-Employment Drug Testing Information

All job applicants at Amicalola EMC will undergo testing for the presence of illegal drugs as a condition of employment. Any applicant with a confirmed positive test will be denied employment. Applicants will be required to submit voluntarily to an urinalysis test at a laboratory chosen by Amicalola EMC, and by signing a consent agreement will release Amicalola EMC from liability. If the physician, official or lab personnel has reasonable suspicion to believe that the job-applicant tampered with the specimen, the applicant will not be considered for employment. Amicalola EMC will not discriminate against applicants for employment because of a past history of drug abuse. It is the current abuse of drugs, preventing employees from performing their jobs properly, that Amicalola EMC will not tolerate. Individuals who have failed a pre-employment test may initiate another inquiry with Amicalola EMC after a period of not shorter than six (6) months; but they must present themselves drug-free as demonstrated by an urinalysis or other tests selected by Amicalola EMC.

Applicant/Employee's Authorizations and Receipt of Notice Employer's Disclosure About Nature and Scope of Investigations And Use of Information Obtained From Third Parties

Amicalola EMC hereby discloses to its employees and/or applicants that it may obtain from third parties, including consumer reporting agencies, former employers, outside investigators, and other locations, divisions, subsidiaries, or affiliates of Amicalola EMC information concerning you, including, but not limited to, information about your credit, character, general reputation, personal characteristics, or mode of living which may include information obtained through personal interviews with your past employers, neighbors, friends, or associates and which may include medical information. Amicalola EMC will use this information solely for the purpose of deciding whether or not to employ, promote, transfer, or take some other employment action concerning you. Amicalola EMC may, with your authorization, share the information it collects with other locations, divisions, subsidiaries, or affiliates of Amicalola EMC but will not share this information with any other person.

Authorization for Amicalola EMC to Obtain an Investigative Consumer Report, Obtain Medical Information and to Obtain a Consumer Report

I, [print name] _____, have received as a separate document, read, and understand the foregoing Employer's Disclosure About Nature and Scope of Investigations And Use of Information Obtained From Third Parties. I authorize Amicalola EMC to obtain from third parties, including the consumer reporting agency of its choice, an investigative consumer report, a consumer report, and medical information regarding me. I understand that an investigative consumer report may include personal interviews with my past employers, neighbors, friends, or associates concerning my credit, character, general reputation, personal characteristics, or mode of living, together with public record information regarding arrests, indictments, convictions or civil suits in which I was involved as a party.

_____ [Signature]

Date: _____

**Amicalola EMC' s Disclosure About
Nature and Scope of Investigations
And Use of Information Obtained From Third Parties**

Amicalola EMC hereby discloses to its employees and/or applicants that it may obtain from third parties, including consumer reporting agencies, former employers, outside investigators, and other locations, divisions, subsidiaries, or affiliates of Amicalola EMC information concerning you, including, but not limited to, information about your credit, character, general reputation, personal characteristics, or mode of living which may include information obtained through personal interviews with your past employers, neighbors, friends, or associates and which may include medical information. Amicalola EMC will use this information solely for the purpose of deciding whether or not to employ, promote, transfer, or take some other employment action concerning you. Amicalola EMC may, with your authorization, share the information it collects with other locations, divisions, subsidiaries, or affiliates of Amicalola EMC, but will not share this information with any other person.

APPLICANT KEEPS THIS COPY