



**Amicalola Electric
Membership Corporation**
"Owned by Those We Serve"

544 Hwy. 515 South
Jasper, GA 30143
(706) 253-5200
www.amicalolaemc.com

EMPLOYMENT APPLICATION

| AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER | | | | | |
|---|--|---|--|------------------------------|-----------------------------|
| Prospective employees will receive consideration without discrimination because of race, color, religion, sex, national origin, sexual orientation, gender identity, age, disability, protected veteran status or any other protected characteristic. | | | | | |
| <i>Application void after 30 days.</i> | | | | | |
| Last Name | | First | | M.I. | Date |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| How long have you resided at this address? | | Are you over 18 years of age? If not, employment is subject to verification of minimum legal age. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Home Phone | | Other Phone | | | |
| Email Address | | Alt. Email Address | | | |
| Social Security No. | | Date Available | | Desired Salary | |
| Position Applied for | | | | | |
| Will you work overtime (if asked)? | | Are you available for full time work? | Yes <input type="checkbox"/> No <input type="checkbox"/> If not, what hours can you work? _____ | | |
| Have you ever filed an application with us before? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give the date: _____ | | | | |
| How did you learn about us? | <input type="checkbox"/> Ad <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____ | | | | |
| Are you related to anyone currently employed by Amicalola EMC or on the Board of Directors? (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.) | | | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, name and relationship: _____ | | | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | |
| Have you ever been convicted of a felony? (A conviction record will not necessarily be a bar to employment.) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain. | | |

| EDUCATION | | | | | | | | | |
|---|--|----|--|-------------------|------------------------------|-----------------------------|--------|--|--|
| High School | | | | | | Address | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |
| College | | | | | | Address | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |
| Other | | | | | | Address | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |
| Describe any specialized training, apprenticeship, skills, extra-curricular activities, and job-related training. Include a list of job-related or other equipment you can operate. Attach copies of any training certificates. | | | | | | | | | |
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| PRESENT EMPLOYER | | | | | | |
|---------------------------------------|--|--------------------|------------|----------------|------------|--|
| Company | | | | | Phone | |
| Address | | | | | Supervisor | |
| Job Title | | Describe Your Work | | | | |
| Employed since (MM/DD/YY) | | | Weekly Pay | Starting _____ | Last _____ | |
| Reason for desiring to make a change: | | | | | | |

PREVIOUS EMPLOYMENT

Please complete full-time and part-time positions beginning with the most recent employers.

Use additional info area on page 5 if additional space is needed.

| | | | | | | | |
|-------------------------|--|-----------|--|--|----|----------------------|----|
| Company | | | | Phone | | | |
| Address | | | | Supervisor | | | |
| Job Title | | | | Starting Salary | \$ | Ending Salary | \$ |
| Responsibilities | | | | | | | |
| From | | To | | Reason for desiring to make a change: | | | |
| Company | | | | Phone | | | |
| Address | | | | Supervisor | | | |
| Job Title | | | | Starting Salary | \$ | Ending Salary | \$ |
| Responsibilities | | | | | | | |
| From | | To | | Reason for desiring to make a change: | | | |
| Company | | | | Phone | | | |
| Address | | | | Supervisor | | | |
| Job Title | | | | Starting Salary | \$ | Ending Salary | \$ |
| Responsibilities | | | | | | | |
| From | | To | | Reason for desiring to make a change: | | | |

REFERENCES

Please list three professional references (excluding former employees or relatives).

| | | | |
|------------------|--|---------------------|--|
| Full Name | | Relationship | |
|------------------|--|---------------------|--|

| | | | |
|----------------|--|--------------|--|
| Company | | Phone | |
|----------------|--|--------------|--|

| | | | |
|----------------|--|--|--|
| Address | | | |
|----------------|--|--|--|

| | | | |
|------------------|--|---------------------|--|
| Full Name | | Relationship | |
|------------------|--|---------------------|--|

| | | | |
|----------------|--|--------------|--|
| Company | | Phone | |
|----------------|--|--------------|--|

| | | | |
|----------------|--|--|--|
| Address | | | |
|----------------|--|--|--|

| | | | |
|------------------|--|---------------------|--|
| Full Name | | Relationship | |
|------------------|--|---------------------|--|

| | | | |
|----------------|--|--------------|--|
| Company | | Phone | |
|----------------|--|--------------|--|

| | | | |
|----------------|--|--|--|
| Address | | | |
|----------------|--|--|--|

Note: The Fair Credit Reporting Act require 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.

APPLICANT'S STATEMENT

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 judgment, 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.

Signature: _____ **Date** _____

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 a 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

**MOTOR VEHICLE DRIVER'S
CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

(Please use this form ONLY if you are applying for a position that requires a CDL.)

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contains some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license

If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
2. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

Driver's Signature: _____ Date _____



Amicalola Electric Membership Corporation

Reply to: 544 Highway 515 South
Jasper, GA 30143
Telephone: 706/253-5200

Thank you for your expression of interest in our advertised opening. This Company is an Equal Opportunity/Affirmative Action employer and subject to certain reporting and affirmative action requirements. The information required on this insert is requested only so that we may meet our Equal Opportunity/Affirmative Action obligations. Your completion of this form is purely voluntary and will not, in any way, affect your consideration for employment. This insert will be separated from your application and/or resume and will be separately maintained.

Print the following:

Last Name, First Name _____
Position Applied For: _____
How were you referred to our Company?
Ad (Specify) _____
Walk-in _____
Agency (Specify) _____
Employee (Who?) _____
State Employment Service _____
Internet _____
Minority Recruiting Website _____
Job Fair _____
Other _____

Please Select the Appropriate Information Below:

Sex: _____ Male _____ Female
Ethnicity/Race: _____ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).
_____ White (Not Hispanic or Latino) (A person having origins in any of the original peoples of Europe, the Middle East or North Africa).
_____ Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
_____ Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
_____ American Indian or Alaskan Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
_____ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
_____ Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five race categories.

Applicant's Signature

Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

INVITATION TO EMPLOYEES VOLUNTARY REQUEST TO SELF-IDENTIFY AS PROTECTED VETERAN

The Company is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (VEVRAA), which requires government contractors to take affirmative action to employ and advance in employment certain categories of veterans. These categories of protected veterans include Disabled Veterans, Active Duty Wartime or Campaign Badge Veterans, Armed Forces Service Medal Veterans, and Recently Separated Veterans, which are defined below. As a government contractor subject to VEVRAA, we are required to solicit this information from our employees, and your response will assist us in measuring the effectiveness of our outreach and positive recruitment efforts. We also maintain an affirmative action plan for protected veterans, designed to ensure that we recruit, hire, train, and promote all persons in all job titles, and ensure that all other personnel actions are administered, without regard to protected veteran status. We are also required to submit a report to the U.S. Department of Labor each year identifying the number of our employees belonging to each specific category of protected veterans.

Submission of this information is voluntary. Refusal to provide a response will not subject you to any adverse treatment. Responses will be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (2) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (3) government officials engaged in enforcing VEVRAA may be informed.

The term "**Disabled Veteran**" is defined as a (1) veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs; or (2) a person who was discharged or released from active duty because of a service-connected disability.

The term "**Active Duty Wartime or Campaign Badge Veteran**" means any veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

The term "**Armed Forces Service Medal Veteran**" means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded.

The term "**Recently Separated Veteran**" is defined as any veteran discharged or released from active duty in the past three years.

If you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box or boxes below.

Disabled Veteran

Active Duty Wartime or Campaign Badge Veteran

Armed Force Service Medal Veteran

Recently Separated Veteran, including Date of Discharge _____

I am not a protected veteran, or I choose not to disclose my protected veteran status.

Print Name: _____ Date: _____