

# AFFIRMATIVE ACTION VOLUNTARY INFORMATION

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other protected status.

*To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.*

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that his survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

## POSITION

Position Applying For \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## REFERRAL SOURCE

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Walk-in                      | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee                     | <input type="checkbox"/> Relative                     | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Advertisement – Source _____ |   | <input type="checkbox"/> Other _____               |

Name of person who referred you (if applicable) \_\_\_\_\_

## APPLICANT INFORMATION

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

- Male  Female

### Please check one of the following Equal Employment Opportunity Identification Groups:

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> White                  | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native |                                   |

## SPECIAL NOTICE

To Vietnam Era Veterans, Disabled Veterans, and Individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam Era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

- Vietnam Era Veteran (served between 1964-1975)  Disable Veteran  Individual with a disability



# Tri-County EMC

Tri-County Electric Membership Corporation  
 310 W. Clinton St.  
 Gray, GA 31032  
 (478) 986-8100  
 1-866-254-8100  
 fax (478) 986-4733  
 www.tri-countyemc.com

*A member owned cooperative since 1939*

## APPLICATION FOR EMPLOYMENT

**DATE OF APPLICATION** \_\_\_\_\_

It is the practice of Tri-County 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. As an Equal Opportunity Employer, it is the policy of Tri-County EMC to afford equal employment opportunity to all individuals, regardless of race, color, religion, sex, national origin, handicap, disability, veteran status, or age. It is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by ADA.

### POSITION INFORMATION

Position Applying For \_\_\_\_\_

Have you ever applied for a job with Tri-County Electric Membership Corporation?  Yes  No

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

Will you accept employment if offered in:  Gray  Eatonton

Date Available for Work \_\_\_\_\_

Have you previously been employed with Tri-County Electric Membership Corporation?  Yes  No

If "Yes", what was your position and your date of termination? \_\_\_\_\_

### GENERAL INFORMATION

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

Current Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street  
 \_\_\_\_\_ Business Phone \_\_\_\_\_  
City State Zip

If hired, can you furnish proof that you are at least 18 years of age and eligible to work in the United States?  Yes  No

Are you related by blood or marriage to a Tri-County EMC director or employee?  Yes  No

If "Yes", give name \_\_\_\_\_ relationship \_\_\_\_\_

Has an employer of yours, at any time within the last ten (10) years, fired you or asked you to resign?  Yes  No

If "Yes", please explain \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with our company?  Yes  No

If "Yes", please explain \_\_\_\_\_

**AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER M/F/V/D  
 A DRUG FREE WORKPLACE**

If hired, can you work during the hours and days required for the position for which you are applying?  Yes  No

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

Will you work overtime if required?  Yes  No

Do you meet all minimum job requirements and have all of 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  
*(Note: Applicants must meet all minimum job requirements and possess all required professional licenses/certifications to be considered)*

Have you been convicted of, or pled guilty to, a felony or been released from prison in the past 10 years?  Yes  No

If "Yes", please explain: \_\_\_\_\_  
*(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.)*

Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or dropping of the charge)?  Yes  No

If "Yes", please explain: \_\_\_\_\_  
*(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.)*

**MILITARY STATUS**

Do you have any military experience that would be relevant to the job for which you are applying?  Yes  No

If "Yes", please explain \_\_\_\_\_

<b>EDUCATION &amp; TRAINING</b>			
NAME OF SCHOOL AND ADDRESS	# OF YEARS COMPLETED	DIPLOMA / DEGREE YES / NO	MAJOR COURSE OF STUDY
High School _____ Address _____			
College _____ Address _____			
Correspondence / Trade School _____ Address _____			
Graduate School _____ Address _____			

**EMPLOYMENT HISTORY (Begin with most recent)**

(The Department of Transportation requires that driver applications show all employment for the past three years and commercial driver employment for the seven years immediately preceding this three year period. FMCSR 391.21 (b) (10), (11))

Employer \_\_\_\_\_ Position Title \_\_\_\_\_  
Address \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Wage / Salary \_\_\_\_\_  
May we contact for reference?  Yes  No  Later

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Employer \_\_\_\_\_ Position Title \_\_\_\_\_  
Address \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Wage / Salary \_\_\_\_\_  
May we contact for reference?  Yes  No  Later

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Employer \_\_\_\_\_ Position Title \_\_\_\_\_  
Address \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Wage / Salary \_\_\_\_\_  
May we contact for reference?  Yes  No  Later

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Employer \_\_\_\_\_ Position Title \_\_\_\_\_  
Address \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Wage / Salary \_\_\_\_\_  
May we contact for reference?  Yes  No  Later

**Employment History Continued:**

Employer \_\_\_\_\_

Position Title \_\_\_\_\_

Address \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Wage / Salary \_\_\_\_\_

May we contact for reference?  Yes  No  Later

Employer \_\_\_\_\_

Position Title \_\_\_\_\_

Address \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Wage / Salary \_\_\_\_\_

May we contact for reference?  Yes  No  Later

**SKILLS AND QUALIFICATIONS**

Summarize any special training, skills, licenses, certificates, and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comment (including explanation for any gaps in employment): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES (not relatives or former employers)**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ # Years Known \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ # Years Known \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ # Years Known \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ # Years Known \_\_\_\_\_

**ASSOCIATIONS**

List professional, trade, business, or civic associations and any offices held.

Organization	Offices Held

**➔ Answer the questions on this page ONLY if you are applying for a position requiring a Commercial Driver's License (CDL).**

**DRIVER EXPERIENCE & QUALIFICATION**

Date of Birth \_\_\_\_\_ The U.S. Department of Transportation requires that driver applicants state their date of birth. 391.21 (b) (2).  
 Month/Day/Year

Social Security Number \_\_\_\_\_

Physical History: The U. S. Department of Transportation requires that all driver applicants pass certain physical tests before they are hired to drive for a motor carrier. FMCSR 391 Subpart E.

Date of last Department of Transportation prescribed physical examination \_\_\_\_\_

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand, or arm?  Yes  No

LICENSES				
DRIVER LICENSES HELD IN THE PAST 3 YEARS MUST BE SHOWN	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No

B. Has any license, permit, or privilege ever been suspended or revoked?  Yes  No

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?  Yes  No

If you answered "Yes" to A, B, or C, attach a statement giving details.

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROXIMATE TOTAL MILES
		FROM	TO	
Straight Truck				
Tractor & Semi-Trailer				
Twin Trailers				
Other				

List states operated in during the last five years \_\_\_\_\_

List special courses or training that will help you as a driver \_\_\_\_\_

List safe driving awards held and who awards were presented by \_\_\_\_\_

ACCIDENT REVIEW FOR THE PAST 3 YEARS (Attach a separate sheet of paper if more space is needed.)			
DATES	NATURE OF ACCIDENT (Head-On, Rear-End, etc.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS			
LOCATION	DATE	CHARGE	PENALTY

**TO BE READ AND SIGNED BY APPLICANT**

I hereby authorize Tri-County 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 an employment entrance examination by the Tri-County Electric Membership Corporation physician is required after employment has been offered to determine physical fitness as related to job requirements. The corporate physician is hereby authorized to discuss the results of the medical examination, as it relates to work activities, with the appropriate Tri-County Electric Membership Corporation personnel.

I certify, as a condition of my employment, that this application was completed by me, that all entries on it and information in it are true and complete to the best of my knowledge, and that I will comply with all the rules and regulations of this corporation 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 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.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures, or handbooks that I might receive, is intended to provide an employment contract between Tri-County Electric Membership Corporation and myself. No promises regarding employment have been made to me, and I understand that no promise or guarantee is binding upon the Corporation. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, or for no reason, and that Tri-County Electric Membership Corporation retains a similar right regarding the discontinuation of my employment, subject to the full extent of the law.

I understand that my employment is conditioned also upon the results of an employment entrance 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.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

**FOR OFFICE USE – TO BE COMPLETED BY HIRING MANAGER**

**HIRE**  
Position Title \_\_\_\_\_ Department \_\_\_\_\_  
Base Salary Offered \$ \_\_\_\_\_ Salary Grade \_\_\_\_\_  
Justification \_\_\_\_\_  
Date of Offer of Employment \_\_\_\_\_

**REJECT**  
Reason \_\_\_\_\_  
Hiring Supervisor/Manager \_\_\_\_\_ Date \_\_\_\_\_

**DISPOSITION**  
Employment Offered and Accepted  
Start Date \_\_\_\_\_

Employment Offered and Declined  
Reason \_\_\_\_\_

**Human Resources Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_