



Central Georgia EMC

A Touchstone Energy® Cooperative 

APPLICATION FOR EMPLOYMENT

Notice to Applicant: We accept applications for employment for existing vacancies only. Please read this entire application before you answer any questions. Print all information in ink. Answer all questions accurately and completely. Print "N/A" in space that does not apply to you. All applicants receive consideration for the position for which they apply and **the application expires 60 days from the date of application**. Those applicants not employed within the 60-day period will be required to submit a new application in order to be considered for subsequent job openings.

Incomplete applications will not be considered.

CONTACT INFORMATION

Position Applied For: _____

Name: _____ Social Security Number: _____

Have you ever used another name, alias, or nickname that might help us verify the contents of this application? If yes, please state the name: _____

Current Address: _____

How long have you lived there? _____

Phone Number: _____ Email Address: _____

Permanent Mailing Address: _____

May we contact you at home? Yes No

May we contact you at work? Yes No

Are you younger than 18 years of age? Yes No

If yes, state age: _____

Note: if under 18 years of age, employment is subject to verification of minimum legal age by age certificate or work permit.

Central Georgia EMC is an EOE/AA: Minorities/Females/Disabled/Vets employer and drugfree work place.

923 S. Mulberry Street • Jackson, GA 30233 • (770) 775-7857 • cgemc.com

CONTACT INFORMATION

Have you filed an application with Central Georgia EMC before? Yes No

If yes, date: _____ Position: _____

Have you ever been employed by Central Georgia EMC? Yes No

If yes, dates of employment: _____ Position: _____

Reason for leaving: _____

Are you available to work: Full time Part time Temporary

Date you are available to begin work: _____

Referral Source: How did you find out about this job?

CGEMC website/social media Current CGEMC Employee (specify) _____

Friend/Relative Social/Community Organization (specify) _____

Department of Labor Other (specify) _____

Have you been convicted or entered a "No Contest" plea for a felony within the last 5 years? Yes No

If yes, please explain: (state, date, court, type of crime, place of occurrence, disposition) _____

Conviction of a crime will not necessarily disqualify you from the job for which you are applying. Each conviction will be judged on its own merits with respect to time and job relatedness. Give us all the facts so a fair decision can be made.

EDUCATION

High School

Name and address of school: _____

Did you graduate? Yes No Last year completed: _____ Grade Point Average: _____

College

Name and address of school: _____

Did you graduate? Yes No Last year completed: _____ Grade Point Average: _____

Course of study: _____

Post Graduate School

Name and address of school: _____

Did you graduate? Yes No Last year completed: _____ Grade Point Average: _____

Course of study: _____

Specialized/Technical Training

Name and address of school: _____

Did you graduate? Yes No Last year completed: _____ Grade Point Average: _____

Course of study: _____

EMPLOYMENT HISTORY

Starting with your current or most recent employer, please complete in detail and do not refer to résumé. Use additional paper if you need more space.

Company Name: _____ Job Title: _____

Street Address: _____ Brief Description of Responsibilities: _____

Phone Number: _____

Dates Employed: From _____ To _____ Last Position Held (please note promotion): _____

Hourly Rate or Salary: _____ Starting Rate of Pay/Final Rate of Pay: _____

Reason for Leaving: _____ Supervisor: _____

_____ May we contact this employer? Yes No

.....
Company Name: _____ Job Title: _____

Street Address: _____ Brief Description of Responsibilities: _____

Phone Number: _____

Dates Employed: From _____ To _____ Last Position Held (please note promotion): _____

Hourly Rate or Salary: _____ Starting Rate of Pay/Final Rate of Pay: _____

Reason for Leaving: _____ Supervisor: _____

_____ May we contact this employer? Yes No

Company Name: _____

Job Title: _____

Street Address: _____

Brief Description of Responsibilities: _____

Phone Number: _____

Dates Employed: From _____ To _____

Last Position Held (please note promotion): _____

Hourly Rate or Salary: _____

Starting Rate of Pay/Final Rate of Pay: _____

Reason for Leaving: _____

Supervisor: _____

May we contact this employer? Yes No

Company Name: _____

Job Title: _____

Street Address: _____

Brief Description of Responsibilities: _____

Phone Number: _____

Dates Employed: From _____ To _____

Last Position Held (please note promotion): _____

Hourly Rate or Salary: _____

Starting Rate of Pay/Final Rate of Pay: _____

Reason for Leaving: _____

Supervisor: _____

May we contact this employer? Yes No

REFERENCES

Name Title Company/Organization

Phone Number: _____ May we contact this reference? Yes No

Name Title Company/Organization

Phone Number: _____ May we contact this reference? Yes No

Name Title Company/Organization

Phone Number: _____ May we contact this reference? Yes No

EMPLOYMENT IS AT WILL

I understand if I am hired, I will be an "at will" employee working without a written contract and no written policy or verbal statement can or should be taken to mean that my job is guaranteed for any length of time. I understand I have the right to leave Central Georgia EMC at any time for any reason with or without cause, and Central Georgia EMC has the right to end my employment at any time for any reason without notice, with or without cause.

Complete Signature of Applicant _____ Date: _____

AUTHORIZATION TO RELEASE EMPLOYMENT REFERENCE INFORMATION

I understand Central Georgia EMC will attempt to verify statements made on my application and made during my employment interview. I authorize Central Georgia EMC to contact references and former employers, as indicated. I authorize my previous employers, or their designee, when contacted by Central Georgia EMC the information given on this application and during the interview process. I authorize past employers, references and any other persons to answer all questions asked concerning my ability, character and previous employment record. I understand it is possible my prior employment records may not be accurate. Nonetheless, in consideration of Central Georgia EMC's review of this application, I release Central Georgia EMC and all former employers from any liability as a result of furnishing and receiving this reference information. I understand my failure to sign this reference release so Central Georgia EMC can contact references and make a full background check of my previous work history will be deemed interference with and a withdrawal of my application for employment. I agree a copy or facsimile of this authorization may serve as an original.

Complete Signature of Applicant _____ Date: _____

Please print your full name: _____

APPLICANT'S AGREEMENT

I understand if I am hired, this Job Applicant's Agreement is part of my employment arrangement between Central Georgia EMC and me and will be binding on me. The acceptance of this application by Central Georgia EMC does not indicate that there are specific jobs open and does not in any way complete the Central Georgia EMC employment process that includes a post offer drug test. I understand if I test positive for drugs not part of a currently prescribed medical treatment program by a licensed physician, I will not be employed. I will furnish to Central Georgia EMC the required documentation of proof of citizenship or proof of authorization to work in the United States (Immigration Reform and Control Act of 1986).). I agree if I am employed by Central Georgia EMC, during and after such employment, I will not disclose or otherwise use any proprietary or confidential information that comes into my possession during the course of such employment, whether with respect to products, customers, suppliers or otherwise. I agree to follow the work rules of Central Georgia EMC. I understand any false, incomplete or misleading statements on this application or in my response to questions asked during the interview process will be sufficient grounds for immediate termination of employment if and whenever discovered.

Complete Signature of Applicant _____ Date: _____

Please print your full name: _____

Central Georgia EMC is a Drug-free workplace. An applicant must agree to a drug screen and pass the drug screen, before beginning employment. Refusal to submit to the test will bar the individual from employment. Failure to pass the test will bar the individual from employment. An applicant receiving a positive confirmed test result may contest or explain the result to the company within five (5) working days after written notification of the test result. Central Georgia EMC does not discriminate against applicants for employment because of a history of drug abuse. It is the current abuse of drugs that prevents employees from performing their jobs properly, that will not be tolerated.

Central Georgia EMC is an EOE/AA: Minorities/Females/Disabled/Vets employer and drugfree work place. Individuals who need an accommodation in the application process may request one by sending an email to humanresources@cgemc.com or by calling Human Resources at 678-774-6000.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Form CC-305

OMB Control Number 1250-0005

Expires 1/31/2022

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

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

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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.

ⁱSection 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.

AFFIRMATIVE ACTION: VOLUNTARY SELF IDENTIFICATION FORM

Central Georgia EMC is an EOE/AA: Minorities/Females/Disabled/Vets employer.

Central Georgia EMC is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. § 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Your Name

Today's Date

Position Applied For

Section 2: Please check all categories that apply.

Race or Ethnic Identity

- | | | |
|--|--|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Pacific Islander
(not Hispanic or Latino) | <input type="checkbox"/> American Indian or Alaskan Native
(not Hispanic or Latino) |
| <input type="checkbox"/> White (not Hispanic or Latino) | <input type="checkbox"/> Asian (not Hispanic or Latino) | <input type="checkbox"/> Two or More Races (not Hispanic or Latino) |
| <input type="checkbox"/> Black or African American
(not Hispanic or Latino) | | |

Gender

- Male Female

Veteran Status*

- | | | |
|---|---|--|
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Other Protected Veteran | <input type="checkbox"/> Armed Forces Service Medal Veterans |
| <input type="checkbox"/> Special Disabled Veteran | <input type="checkbox"/> Recently Separated Veteran | |

Other

- Individual with Disabilities
- I do not wish to Self-Identify.

Signature:

*** Veteran of the Vietnam-Era**

Means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval, or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

Special Disabled Veteran

Means (i) a 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 for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service connected disability.

Other Protected Veteran

Includes any veteran who served on active duty in the U.S. military, ground, navel, or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.

Recently Separated Veteran

Any veteran who served on active duty in the U.S. military, ground, naval, or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.

Armed Forces Service Medal Veteran

Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.