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Southwest Tennessee Electric Membership Corporation

A Touchstone Energy® Cooperative 

EMPLOYMENT APPLICATION

Southwest Tennessee Electric Membership Corporation places great emphasis on customer service, teamwork, problem solving, and innovation. We look for people who exemplify these qualities and are willing to work hard for our membership. Southwest Tennessee Electric Membership Corporation is an equal opportunity employer.

APPLICANT NAME

TODAY'S DATE

Personal Information (Please Print Clearly)

Last Name _____ First Name _____ Middle Name _____
Street Address _____
City _____ State _____ Zip Code _____
Previous address if less than 5 years at current address _____
Home Phone _____ Work Phone _____
Cell Phone _____ E-Mail _____

I understand that upon employment, proof of legal right to work in the United States and completion of I-9 form will be required.

Are you eligible to work for any United States employer at this time? Yes No

If you are under 18 years of age, do you have a work permit? Yes No

Have you been convicted of a felony in the past ten (10) years? Yes No

Date(s) of Conviction: _____ Nature of Conviction(s): _____

Do you have a valid driver's license? Yes No License # _____ Expires _____

Do you have a valid Commercial Driver's License (CDL)? Yes No License # _____ Expires _____

Can you travel if the position requires travel? Yes No

If you have ever worked under or earned degrees under another name, please list below:

Last Name _____ First Name _____ Middle Name _____

Position Desired

Position Applied for _____

How did you learn of this vacancy? _____

Salary Desired (Annual) \$ _____ Date Available _____

Are you able to perform the essential functions of this position? Yes No

If no, what accommodation would make it possible for you to perform this job? _____

Have you previously been employed by Southwest Tennessee Electric Membership Corporation or another electric cooperative? Yes No

If yes, indicate position, department, and dates: _____

Do you have any relatives employed at Southwest Tennessee Electric Membership Corporation? Yes No

If yes, who? _____

Southwest Tennessee Electric Membership Corporation is an equal opportunity employer and recruits, advertises, employs, promotes, transfers, disciplines, and discharges without regard to race, color, creed, religion, national origin, age, sex, marital status, physical or mental disability, or veteran status.



Education and Training

Indicate Last Level of Education Completed

High School 1 2 3 4 College or University 1 2 3 4 Graduate School 1 2 3 4

Type of Education	Name and Location (City, State, Country)	GPA	Did you graduate?	Major and Minor	Degree Earned

Professional certifications and licenses (such as CPA, NASD series 6) _____

Computer skills (software programs, hardware, operating systems) _____

Other skills or experience that are pertinent to the job applied for _____

Employment History (Please Print Clearly)

MUST BE COMPLETED EVEN IF ATTACHING YOUR RESUME.

List your last three employers with the most recent first.

If you are currently employed, may we contact your employer? Yes No

Present Employer _____

Dates Employed—From _____ To _____
Month/Year Month/Year

Starting Salary _____ Ending Salary _____

Contact's Phone Number _____ Address _____

Supervisor's Name _____ Supervisor's Job Title _____

Your Job Title _____ Your Duties _____

Reason for leaving _____

Previous Employer _____



Dates Employed—From _____ To _____
Month/Year Month/Year

Starting Salary _____ Ending Salary _____

Contact's Phone Number _____ Address _____

Supervisor's Name _____ Supervisor's Job Title _____

Your Job Title _____ Your Duties _____

Reason for leaving _____

Previous Employer: _____

Dates Employed—From _____ To _____
Month/Year Month/Year

Starting Salary _____ Ending Salary _____

Contact's Phone Number _____ Address _____

Supervisor's Name _____ Supervisor's Job Title _____

Your Job Title _____ Your Duties _____

Reason for leaving _____

Professional References (Please list only references that we may contact at this time)

Name	Title	Company	Phone Number
			Home
			Work
			Home
			Work
			Home
			Work



Affidavit

Nonbinding Application and Interview Process: I understand that this application will be reviewed, but nothing in this application or any other documents or in the employment evaluation process shall be construed as either an offer or contract of employment or an obligation on the part of Southwest Tennessee Electric Membership Corporation to provide any benefit to me.

Employment-At-Will: I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Southwest Tennessee Electric Membership Corporation or myself.

I hereby declare that my statements on this application and on my resume or documents provided by me to Southwest Tennessee Electric Membership Corporation, are true and correct to the best of my knowledge. I acknowledge and agree that providing any false information may result in a decision not to hire me, or if hired, may result in the termination of my employment. I also authorize investigation of these statements. This investigation may include employment history, reasons for leaving previous employers, criminal record, credit record, driving record, social security number investigation, and degree/certificate verification. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby release Southwest Tennessee Electric Membership Corporation from all liability for any damages resulting from the information obtained. This application shall be considered active for a period of time not to exceed 180 days.

I also understand that if offered employment, I will be required to take a physical examination and such examination will include blood, breath, urine, or saliva tests to determine the presence or use of alcohol or illegal controlled substances. I understand my employment will be conditional on my passing the physical examination, alcohol and controlled substance tests.

If employed, I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination as may be required by the Company, random or otherwise.

I hereby release the Company and the examining agency from any claims, demands, liabilities and/or damages by reason or arising out of any such alcohol or other drug test or the disclosure either to or by the Company of the results of any such test.

I authorize investigation of all statements contained in this application and authorize the references listed to give you any information concerning my previous education and employment and I release all parties from liability for any claims, demands, liability or damages that may result from furnishing of same to the Company. To the extent permitted by law, I agree to take a polygraph ("lie detector") test in the event that for reasons related to my employment, I am requested to do so.

I further understand that the Company may contact my previous employers and I authorize those employers indicated above to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I hereby affirm I am qualified for the position for which I am applying and I am capable of performing the essential functions of the applied for position.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTOOD THIS STATEMENT

Signature

Date



**EQUAL EMPLOYMENT OPPORTUNITY
VOLUNTARY SELF-IDENTIFICATION FORM**

Name (please print) _____ Date _____

Position for which you are applying _____

We, as an employer, wish to voluntarily comply with the various laws and regulations which require us to file annual reports on applicants for employment. In addition, we wish to voluntarily comply with the various laws and regulations which protect the handicapped, disabled veterans and veterans who have served on active duty during the Vietnam era for more than 130 days. Submission of this information by you is strictly VOLUNTARY.

Please be assured that you will not be subjected to any adverse treatment if you do not provide the requested information.

You are not required to provide information concerning a handicap. If you do, it will be kept confidential with the following exception:

- Supervision may be informed if accommodation is necessary
- If your work duties are restricted
- Government representatives may be provided information in compliance with various laws and regulations.

PLEASE CIRCLE THE APPROPRIATE ITEM

1. GENDER CLASSIFICATION: Male Female
2. EEO CLASSIFICATION: White
Black
Hispanic
Asian or Pacific Islander
American Indian or Alaskan Native
3. VETERAN CLASSIFICATION: Are you a veteran? Yes No
Disabled veteran? Yes No
Vietnam-era Veteran? Yes No
Desert Storm Veteran? Yes No
Other Yes No
4. Do you have any condition which may limit your ability to perform the position for which you are applying? Yes No

If yes, do you possess or can we provide you with any special methods, skills, or procedures which might qualify you for a position you might not otherwise be able to do because of your disability? Please explain.

SIGNATURE: _____



Voluntary Self Identification of Veteran Status

(41 CFR 60-250 and 41 CFR 60-300)

Please check all of the following categories that apply to you:

Special Disabled Veteran means (i) veteran 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 3106 of Title 38, U.S.C. to have a serious employment handicap; or (ii) a person who was discharged or released from active duty because of a service-connected disability."

Veteran of the Vietnam-era means a person who (i) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (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 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 all other cases."

Other Protected Veteran means a 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, under the laws administered by the Department of Defense. (For the Veterans Administration's listing of the campaigns and expeditions since World War II in which the U.S. has been engaged see <http://www.opm.gov/Veterans/html/vgmedal2.htm>.)

Recently Separated Veteran means any veteran during the three-year (one-year for VETS 100) period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Separation Date ___/___/___

Armed Forces Service Medal Veteran means any veteran who while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation to which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).

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 Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service connected disability."

Employee Name (Please Print)

Employee Signature

Date

Title

Department

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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 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