



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

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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? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Title	Company/Organization
Phone Number: _____		May we contact this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Title	Company/Organization
Phone Number: _____		May we contact this reference? <input type="checkbox"/> Yes <input type="checkbox"/> 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.