

Application for Employment

Long Form

Instructions: It is the policy of the Company to provide equal opportunity with regard to all terms and conditions of employment. The Company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, disability, veteran status, age, or any other protected characteristic.

Please Print

Position applied for _____ Application Date: ____/____/____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Home Phone () Cellular/Other # () E-mail address: _____

Shift preferred 1 2 3 Any Expected pay _____

Would you accept full-time work? Yes No Would you accept part-time work? Yes No

On what date would you be available for work? _____

How were you referred to our Company? _____

Have you ever been employed here? Yes No If yes, please give dates _____

Is this application a request for reemployment following an extended military leave of absence from our Company? Yes No
If yes, additional information may be requested.

If you are under 18 years old, can you provide a work permit if required? Yes No

Are you legally eligible for employment in the United States? (If yes, proof is required if hired.) Yes No

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?
This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law. Yes No Need more information about the job's "essential functions" to respond.

Will you travel if required? Yes No

Will you work overtime if required? Yes No

Have you ever been bonded? Yes No

Please provide your driver's license number, if driving is required for this job. _____ State _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our Company? Yes No

If yes, please explain: _____

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime? Yes No

If yes, please provide date(s) and details: _____

Employment Experience

Place an X by the employer(s) you DO NOT want us to contact. List your most recent employer first.

Employer _____
Contact Name _____ E-mail: _____
Address _____ Phone (____) _____
Job Title _____ Supervisor _____
Dates employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Hourly rate/salary: starting ____/____ final ____/____
Work performed _____
Reason for leaving _____

Employer _____
Contact Name _____ E-mail: _____
Address _____ Phone (____) _____
Job Title _____ Supervisor _____
Dates employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Hourly rate/salary: starting ____/____ final ____/____
Work performed _____
Reason for leaving _____

Employer _____
Contact Name _____ E-mail: _____
Address _____ Phone (____) _____
Job Title _____ Supervisor _____
Dates employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Hourly rate/salary: starting ____/____ final ____/____
Work performed _____
Reason for leaving _____

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain _____

Education Background

High School: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

College: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Graduate School: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Vocational Training/Other: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Continuing Education: _____

Special Training or Skills

Languages, machine operation, etc., that would be of benefit in the job for which you are applying.

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-Mail	Years Known

Anti-Discrimination Clause

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local laws. No question on this application is used to limit or exclude an applicant from employment consideration. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate or non-employee (such as a vendor or customer). Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, comments, jokes, or epithets, threats, insults, name-calling, offensive gestures, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. The Company takes all complaints of harassment seriously, and each will be investigated promptly and thoroughly.

Social Security Number

SS# _____ The Company will make reasonable efforts to safeguard the privacy of this information and will use it only for employment purposes.

Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

Applicant's signature _____ Date ____/____/____

FOR OFFICE USE ONLY:

Applicant number _____ Employee number _____ Hire date _____

Position _____

Rate _____ Class _____ Skill _____

Interview Results

Interviewer	Date

Test Results

Tests Administered	Date	Score	Rating

Reference Check Results

Reference Name	Date Contacted	Contacted By

Attachments

- Résumé
 Applicant interview notes
 Applicant reference notes
 Test results



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BLUE RIDGE MOUNTAIN ELECTRIC MEMBERSHIP CORPORATION

POLICY BULLETIN NO. 506

SUBJECT: HIRING OF RELATIVES

I. OBJECTIVES

To state the policy of the Cooperative concerning the employment of relatives of current employees.

II. POLICY

- A. No close relative of present employees or directors will be hired as a permanent employee in any capacity—that is, a person who is a spouse, child, grandchild, parent, grandparent, brother, sister, step-parent, or step-grandparent.
- B. Present employees who may be closely related may continue their employment, except in cases described in E. (below).
- C. Should two Blue Ridge Mountain EMC employees marry, one of them will be required to terminate employment within ninety (90) days if either employee works directly under the supervision of the other. If the affected employees cannot decide which of them will be terminated, the employee with the least seniority at Blue Ridge Mountain EMC shall be terminated.
- D. Should any job applicant apply for a position with this Cooperative, he/she will be asked on application if any present employee or director is a close relative. If so, applicant will not be hired. If a job applicant falsifies application concerning relationship to a present employee, is hired, and this fact becomes known, he/she will be terminated.
- E. Close relatives of persons in confidential positions will not be employed and persons seeking confidential positions may not be close relatives of any existing employee. Confidential positions include, but are not limited to, Human Resources (all related positions), Accounting (all related positions), Executive Administrative Assistant, or General Manager.

II. RESPONSIBILITY

The General Manager shall be responsible for the enforcement of this policy.

Date Adopted 12/12/23

President

I am aware of the BRMEMC policy regarding the hiring of relatives and by signing below attest that I have truthfully responded to the following questions:

Are you related, by blood or marriage, to a current employee or Board Member? _____

If yes, please state the name of current employee or Board Member and explain relation:

Applicant Signature

Date

Application Addendum –REVISED 01/11/2024