

APPLICATION FOR EMPLOYMENT

Snapping Shoals Energy Management Company

P. O. Box 509
Covington, Georgia 30016
770-786-3484

Date: _____

Position for which you are applying (be specific) _____

This application will be considered only for the vacant position for which you are applying. To be considered for other vacant positions, a new application must be filed. The following information is requested in order to help us make the best possible placement within the Company. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form.

The Company, in accordance with state and federal laws, does not discriminate on the basis of race, color, religion, sex (including pregnancy), national origin, genetic information, age, disability, or veteran status. The Company is also required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ women, minorities, otherwise qualified disabled individuals, and Vietnam Era and disabled veterans.

Snapping Shoals Energy Management Company Is An Equal Opportunity Employer.

PLEASE PRINT

Name: _____
(Last) (First) (Middle)

Address: _____ Telephone No.: _____
(Street)

(City) (State) (Zip) Alternate No.: _____

Social Security Number ____ / ____ / ____ Do you have the legal right to work in the United States? Yes
" No

How were you referred to the Company? _____

Are you a relative, either by blood or marriage, of any employee or Director of the Company? " Yes
" No

Have you ever applied for a job with the Company? " Yes
If yes, when? _____ " No

Have you ever worked at the Company before? " Yes
If yes, when? _____ " No

Are you at least eighteen years of age? " Yes
" No

Salary Expected: \$ _____ per _____

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes
No
(See attached sheet for a list of the essential functions of the job for which you are applying.)

If you are selected for employment, on what date can you start work? _____

List any training or special skills you have that are relevant to the position for which you are applying.

List your membership in any professional or technical organizations that are related to the job requirements of the position for which you are applying. (Exclude those that may disclose your race, color, religion, sex (including pregnancy), national origin, age, disability, veteran status, or union affiliations.)

Apart from absence for religious observation, are you available to work from 8 a.m. to 5 p.m., Monday through Friday? Yes
No
If not, what hours can you work? _____

Will you work overtime if asked? Yes
No Are you willing to work after hours call-out duty and on-call assignments? Yes
No

Have you ever been convicted of a felony? Yes
No
If yes, give details, including jurisdiction (state and county) where such conviction occurred.

(Criminal convictions are not an absolute bar to employment. They will only be considered in relation to specific job requirements.)

EDUCATION

| School Name | Address | No. of Years Attended | Degree | Major |
|--|---------|-----------------------|--------|-------|
| <input type="radio"/> High | | | | |
| <input type="radio"/> College | | | | |
| <input type="radio"/> Other | | | | |
| <input type="radio"/> Courses now studying | | | | |

EMPLOYMENT RECORD (Most recent employer first)

| Dates | Name and Address of Employer | Job Title and Brief Description of Duties | Salary | Exact Reason for Leaving |
|-------|------------------------------|---|--------|--------------------------|
| From: | | | From: | |
| | | | | |
| To: | | | To: | |
| | | Supervisor: | | May we contact them? |
| | Phone: | | | |
| From: | | | From: | |
| | | | | |
| To: | | | To: | |
| | | Supervisor: | | May we contact them? |
| | Phone: | | | |
| From: | | | From: | |
| | | | | |
| To: | | | To: | |
| | | Supervisor: | | May we contact them? |
| | Phone: | | | |

Attach additional sheets if necessary.

PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY

Please list special training or noteworthy achievements and attach your resume.

CLERICAL APPLICANTS

Place check for experience.

- | | | |
|---|--|--|
| <input type="checkbox"/> 10-Key | <input type="checkbox"/> Internet | <input type="checkbox"/> Payroll System |
| <input type="checkbox"/> A/R and/or A/P | <input type="checkbox"/> Load Management | <input type="checkbox"/> Personal Computer |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Proofreading |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Microsoft Windows | <input type="checkbox"/> Typing ___ wpm |
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> Microsoft Word | |
| <input type="checkbox"/> Fax Machine | <input type="checkbox"/> Network Software | |

TRADES, CRAFTS, AND TECHNICAL APPLICANTS
Place check for experience.

- | | |
|--|--|
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Electrical hand tools |
| <input type="checkbox"/> Computer inventory methods | <input type="checkbox"/> Electrical safety |
| <input type="checkbox"/> Radio communication and operation | <input type="checkbox"/> Regulators, breakers, and switches |
| <input type="checkbox"/> Lay out/prepare work orders | <input type="checkbox"/> Pole inspection |
| <input type="checkbox"/> Underground experience, primary/secondary | <input type="checkbox"/> Load management systems |
| <input type="checkbox"/> Basic electricity | <input type="checkbox"/> Meter reading |
| <input type="checkbox"/> Tree trimming/brush clearing | <input type="checkbox"/> Collecting consumer accounts |
| <input type="checkbox"/> Underground experience, primary/secondary | <input type="checkbox"/> Handling consumer concerns |
| <input type="checkbox"/> Clearing machinery | <input type="checkbox"/> Connecting and disconnecting meters |
| <input type="checkbox"/> Material control | <input type="checkbox"/> Electrical mapping systems |
| <input type="checkbox"/> Perpetual inventory | <input type="checkbox"/> Load switching |
| <input type="checkbox"/> Automotive/truck maintenance | <input type="checkbox"/> Substation and/or line construction |
| <input type="checkbox"/> Bodywork on vehicles | |
| <input type="checkbox"/> Transformer banks | |
| <input type="checkbox"/> Electric and gas welding | |
| <input type="checkbox"/> Hotline work, primary/secondary | |

PERSONAL REFERENCES (Not Former Employers or Relatives)

| Name and Occupation | Address | Phone Number |
|---------------------|---------|--------------|
| (1) | | |
| (2) | | |
| (3) | | |

CERTIFICATION

I certify that all information provided in support of my employment with the company, including but not limited to this application, resumes, medical information, and information provided by me during interviews, is correct to the best of my knowledge, and I understand that misrepresentation or omission of relevant facts in seeking employment will result in my disqualification from further consideration or my dismissal from employment. I agree to conform to the rules and regulations of the company, and 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 the company or myself. I further understand that no person is authorized to make any representation contrary to the above statement unless such representation is approved by the board of directors and is embodied in a written agreement signed by the president of the company. I further understand that if offered employment, I will be required to take a physical examination and that such examination will include tests to determine the presence or use of alcohol or illegal controlled substances.

Signature of Applicant

Date

FOR EMPLOYER'S USE ONLY

Interviewed by: _____ Date: _____

Comments: _____

EMPLOYMENT REFERENCE CHECK

Employer: _____ Person Contacted: _____ Date: _____ Results: _____

PERSONAL REFERENCE CHECK

Person: _____ Date: _____ Comments: _____

ACTION

☐ No Action

☐ Interview - No Position Offered

☐ Position Offered:

Date: _____

Position: _____

Date Accepted: _____

DISCLOSURE AND AUTHORIZATION

A consumer report will be conducted on the undersigned Applicant (hereinafter "Applicant") in the course of consideration for employment and for employment purposes. The Applicant does hereby authorize the consumer reporting agency to obtain information regarding credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgment, liens, driving history, and criminal background.

The Applicant does hereby authorize Employer (designated below) to procure a consumer report in regard to Applicant.

This Disclosure and Authorization shall be valid and effective from the date on which it is signed and remain valid and effective and allow Employer to obtain a consumer report on Applicant for employment purposes at any time during the application process and, if Applicant is hired by Employer, during Applicant's tenure of employment with Employer. A photographic copy of this Disclosure and Authorization shall be effective and valid to the same extent as the original.

The Applicant has the right to obtain a free copy of the consumer report if (1) any adverse action or decision is made based upon the information in the consumer report, and (2) if the Applicant makes a request in writing to the consumer reporting agency within sixty days of receiving notice of the adverse action, which notice shall include the name, address, and telephone number of the consumer reporting agency. Applicant has the right to dispute the completeness or accuracy of any item of information contained in Applicant's file at the consumer reporting agency by notifying the consumer reporting agency of the dispute.

The Applicant does hereby acknowledge receipt of this Disclosure and Authorization and that Applicant has retained a copy of same.

The Applicant does hereby acknowledge receipt of a copy of the Fair Credit Reporting Act and has retained a copy of same.

Potential Employer: Snapping Shoals EMC

Applicant: _____
Print full name

Social Security Number

Date of Birth: _____

Street Address City, State, Zip

Driver's License Number & State

Any other names used in the last seven years

List other addresses at which you have lived within the past seven years, using back of this form if necessary:

Street Address City, State, Zip Code

Dates (from/to)

Signature of Applicant: _____

Date of Signature: _____

EBI, INC
1525 HIGHWAY 53 EAST
DAWSONVILLE, GEORGIA 30534
706-265-6235
ATLANTA FAX: 770-205-0221
Fax: 706-265-6234

RELEASE AND AUTHORIZATION FOR SNAPPING SHOALS EMC APPLICANT

I hereby authorize any corporation; employer; former employer; credit agency; educational institution; private information bureau; law enforcement agency; department or division of the military services; city, county, state, or federal court, agency, or department; and any other person that has any record or knowledge of my court, criminal, driving, education, legal, military, Social Security Administration, or credit history to provide any information or records in its possession regarding my history to **Snapping Shoals EMC., EBI, INC.** and/or its authorized agents. I hereby fully release and discharge all listed from all claims and damages arising out of or relating to any investigation of my background for employment purposes.

I consent to EBI, Inc. furnishing to my employer or potential employer designated below (hereinafter "Employer") a consumer report for employment purposes. I further consent to EBI, Inc. including in any consumer report it furnishes to Employer for employment purposes medical information about me.

This authorization shall be valid and effective from the date on which it is signed and remain valid and effective during the process of my application for employment with Employer and, if I am hired by Employer, throughout my tenure of employment with Employer.

A photographic copy of this Release and Authorization shall be valid to the same extent as the original.

I do hereby acknowledge that Employer has provided to me a clear and conspicuous disclosure in a writing consisting solely of the disclosure that a consumer report may be obtained for employment purposes and that I have authorized in writing the procurement of the report by Employer for employment purposes, which authorization shall remain valid and effective and allow Employer to obtain a consumer report on me for employment purposes at any time during the application process and, if I am hired by Employer, throughout my tenure of employment with Employer.

I do further acknowledge that I have received written disclosure that an investigative consumer report including information as to my character, general reputation, personal characteristics, and mode of living may be made and written notice of my right to request a complete and accurate disclosure of the nature and scope of the investigation requested by Employer and a written summary of consumer rights under the Fair Credit Reporting Act.

PLEASE REVIEW THIS DOCUMENT CAREFULLY BEFORE SIGNING AND ENSURE THAT YOU HAVE RECEIVED THE NOTICES AND DISCLOSURES REFERRED TO HEREIN PRIOR TO EXECUTING THIS RELEASE AND AUTHORIZATION.

Please Print Full Name (Including Maiden)

Social Security Number

Street Address

Date of Birth

City, State and Zip Code

Driver's License Number and State

Sex

Race

Signature

Date

POTENTIAL EMPLOYER: Snapping Shoals EMC

Snapping Shoals Energy Management Company

Voluntary Self-Identification of Race, Ethnicity and Gender

Snapping Shoals Energy Management Company (hereinafter "the Company") is subject to certain federal governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Company invites applicants/employees to voluntarily self-identify their race, ethnicity and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported annually to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

ETHNICITY

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
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RACE

- American Indian or Alaska Native (not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian (not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American (not Hispanic or Latino)** - A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races (not Hispanic or Latino)** - All persons who identify with more than one of the above five races.
-

GENDER

- Male
- Female
-

Applicant's/Employee's Name: _____ Date: _____

Note: If an employee declines to self-identify, employment records or observer identification may be used.