

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, age, disability, genetic testing or genetic information, 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.

All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, national origin, disability or veteran status.

PLEASE PRINT

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

Address: _____ Telephone No.: _____
(Street)

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

E-mail Address: _____

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 6:30 a.m. to 7 p.m., Monday through Friday (Depending on Job Requirements)? ▪ Yes
▪ No
If not, what hours can you work? _____

Will you work overtime if asked? ▪ Yes Are you willing to work after hours call -out duty and on-call assignments? ▪ Yes
▪ No
▪ 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
▪ High				
▪ College				
▪ Other				
▪ 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: To:			From: To:	
	Phone:	Supervisor:		May we contact them?
From: To:			From: To:	
	Phone:	Supervisor:		May we contact them?
From: To:			From: To:	
	Phone:	Supervisor:		May we contact them?

Attach additional sheets if necessary.

PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY

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

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: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

Invitation to Self-Identify

This company is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants and employees are treated without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. We are therefore requesting information about race and gender in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Submission of this information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with Federal affirmative action regulations.

Name: _____ Date: _____

Position: _____

MALE FEMALE I CHOOSE NOT TO SELF-IDENTIFY

WHITE (not Hispanic or Latino) BLACK or AFRICAN AMERICAN (not Hispanic or Latino)

HISPANIC OR LATINO ASIAN (not Hispanic or Latino)

AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino)

NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino)

TWO or MORE RACES (not Hispanic or Latino)

I CHOOSE NOT TO SELF-IDENTIFY

This company is also 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 veterans in the following classifications:

- A “disabled veteran” is one of the following:
 - 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
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year 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.
- An “active duty wartime or campaign badge 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.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I CHOOSE NOT TO SELF-IDENTIFY