

CRISP COUNTY POWER COMMISSION EMPLOYMENT APPLICATION

Thank you for your interest, we offer equal employment opportunities to all persons without regard to race, color, religion, sex, age, national origin, ancestry, genetic information, disability, and veteran, or any other legally protected status.

Name: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____

Are You 18 Years of age or over? Yes _____ No _____ Telephone Number: _____

Do you have the legal right to work in the United States? Yes _____ No _____

Excluding minor traffic offenses, have you ever been convicted of or pled guilty to committing a crime?* Yes _____ No _____

If yes, give details, including date(s): _____

*A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only and only to the extent permitted by applicable law.

If offered the position, would you be willing to allow Crisp County Power Commission to do a criminal background check? Yes _____ No _____

Position Applying For: _____ Date Available For Work: _____

Type of Employment: Full Time _____ Part Time _____ Temporary _____

Is there a reason that you cannot work overtime, Saturdays, Sundays, emergency call outs, or shift work? Yes _____ No _____

If yes, when? _____

Please state your restrictions and explain. _____

EDCUATION/CERTIFICATION

School	Name and Location	Degree Received
High School		
College		
Technical or Graduate School		
Special Training Courses		

REFERENCES

Name	Address	Telephone Number

EMPLOYMENT HISTORY

List each job held, starting with your most recent or current employer. Include military service assignments.

Employer _____ Supervisor _____
Address _____ Telephone Number _____
Date of Hire _____ Starting Pay _____ Date Left _____ Last Pay _____
Job Title and Duties _____
Reason for Leaving _____

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Address _____ Telephone Number _____
Date of Hire _____ Starting Pay _____ Date Left _____ Last Pay _____
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AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason and said company retains the same right. I understand that if employed, benefits, policies and rules which are issued are not conditions of employment and that the employer may modify or revise benefits, policies or procedures, in whole or in part, at any time.

I understand that if an offer of employment is tentatively made to me, it may be conditioned upon completion of a criminal background check and a screening for controlled substances. I also understand that I may be asked to undergo a screening for controlled substances, from time to time during my employment. Crisp County Power Commission maintains a Drug-Free Workplace.

I understand that this application will be kept on active file for 30 days from the date completed, after such time I would have to reapply in accordance with established company procedures.

Signature of Applicant

Date

CRISP COUNTY POWER COMMISSION

DRUG SCREENING RELEASE AND COVENANT NOT TO SUE AND EMPLOYER'S INTENT TO OBTAIN A BACKGROUND CHECK

I understand that if an offer of employment is made to me, that offer will be conditional on my passing an entrance physical examination as well as a pre-employment drug screening test, including urinalysis and blood tests. I agree to submit to such examination and tests at the time and place designated by the Crisp County Power Commission (the Commission) as a condition of employment. I further understand that if employed, I may be required to, from time to time, submit to further drug screening tests and possibly physical examinations to determine fitness for duty, depending on the job requirements, and I agree to submit to such examinations and tests. Any such examinations or tests will be at the Commission's expense.

I hereby release and covenant not to sue the Commission and its Commissioners, agents, and employees from all liability in connection with, or as a result of, said examinations and tests. I understand that if the aforesaid tests reveal the presence of any illegal substance or the abuse of any prescription substance, employment will be denied. Furthermore, I understand that during the course of employment if any such periodic test reveals the abuse of any substance, prescription or otherwise, employment may be discontinued. I further understand that if I fail any of the medical tests, I will be advised of said fact. I further release and covenant not to sue the Commission from any actions whatsoever connected with the drug screening and hereby release the Commission from all liability connected therewith.

I release and covenant not to sue any testing facility, the Commission and any physician, from any and all liability, claims, demands, damages, actions, causes of actions of suits of any kind or nature in connection with or as a result of the (these) test(s). I further release and covenant not to sue any testing facility or any physician from any liability arising from a release of any and all results, written reports, medical records and data concerning my testing or evaluation.

I further understand that the drug screening information will be held confidential by Commission personnel and will not be released to those outside the Commission without a valid need to know the information such as, for example, appropriate personnel in the Commission's physician's office. In the case of termination for substance abuse, again a drug screening test and results will be released only to those parties with a valid need to be notified in the case of a termination on that basis which might include, for example, the State Unemployment Office.

I agree to hold the Commission harmless from any and all claims of whatever type which I may have or may hereafter have against the Commission regarding its drug and alcohol screening program, including all claims, demands, damages, losses and expenses, including reasonable attorney's fees.

I authorize a background check to be obtained by a consumer-reporting agency. I understand that a report may be obtained and that I have a right to request that the consumer-reporting agency disclose to me its report. I understand that the report may disclose information as to my character, general reputation, personal characteristics, and mode of living.

I agree to the above terms as part of my application for employment.

Date

Signature of Applicant

Witness