

# Application for Employment

Diverse Power  
P.O. Box 160  
1400 South Davis Road  
LaGrange, GA 30241

Diverse Power  
P.O. Box 289  
373 Hwy. 82 East  
Cuthbert, GA 39840

Date of Application \_\_\_\_\_

It is the practice of Diverse Power to accept Applications for Employment for existing vacancies only. You must submit a separate application for each position for which you desire to be considered. Complete information should be furnished in order that we may give you fair and appropriate consideration. As an Equal Opportunity Employer, it is the policy of Diverse Power to afford equal employment opportunity to all individuals. Our policies and practices will be free from unlawful discrimination based upon race, color, ethnicity, religion, creed, sex (including pregnancy, childbirth or related medical conditions), national origin, immigration status, ancestry, age, marital status, protected veteran status, military service, disability, medical condition, genetic information, sexual orientation, gender identity, or any basis prohibited under federal, state or local law.

## 1. Position Information

Position applying for: \_\_\_\_\_

Have you ever applied for a job with Diverse Power? Yes No

If "Yes", please give the dates of application and positions for which you applied \_\_\_\_\_

State your name at the time, if different from the present name \_\_\_\_\_

Date available: \_\_\_\_\_

Have you previously been employed with Diverse Power? Yes No

If "Yes", what was your date of separation? \_\_\_\_\_

## 2. General Information

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Home Telephone Number \_\_\_\_\_  
Business Telephone Number \_\_\_\_\_

If hired, can you furnish proof that you are eligible to work in the United States? Yes No  
(If unsure of the documentation need to prove eligibility to work in the United States, we will explain the legal requirements.)

If "No", please explain: \_\_\_\_\_

Do you have a valid driver's license (Applicable only if position for which you are applying includes operation of a motor vehicle as one of the job duties)? Yes No During the past 7 years, have you ever been denied a drivers license or convicted Of a moving traffic offense, including but not limited to: driving while intoxicated or reckless driving? Yes No If "Yes", please explain: \_\_\_\_\_

Are you related by "blood" or marriage to the immediate family of any present Diverse Power employee, director, or alternate director, or the immediate family of a director of an Electric Membership Cooperation? Yes No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with our company? Yes No

If "Yes", please explain: \_\_\_\_\_

If hired, will you be able to work during the normal hours and days required for the position for which you are applying?

Yes No If "No", please explain: \_\_\_\_\_

## 3. Military Service

Do you have any experience from your military service that would be relevant to the job for which you are applying? Yes No

If "Yes", please explain: \_\_\_\_\_

#### 4. Education and Training

<b>High School</b>	Name _____	<b>College</b>	Name _____
	Address _____		Address _____
	Did you graduate? _____		Degree _____
			Major _____
	Minor _____		Minor _____
<b>Correspondence Or Trade School</b>	Name _____	<b>Graduate School</b>	Name _____
	Address _____		Address _____
	Degree _____		Degree _____
	Major _____		Major _____
	Minor _____		Minor _____

Do you have all the professional license and certifications listed for the job announcement, job advertisement or job description that are necessary to perform the job for which you are applying? Yes No If "No", please explain: \_\_\_\_\_

If applying for a clerical position, list any office machines which you can operate proficiently: \_\_\_\_\_

Average typing speed \_\_\_\_\_ WPM      Average shorthand speed \_\_\_\_\_ WPM

#### 5. Employment History (Begin with the most recent)

Company Name _____	Employed from _____ To _____
Address _____	Position Title _____
Phone _____	Duties _____
Supervisor _____	Salary Range or Hourly Rate \$ _____
	Reason for Leaving _____
Company Name _____	Employed from _____ To _____
Address _____	Position Title _____
Phone _____	Duties _____
Supervisor _____	Salary Range or Hourly Rate \$ _____
	Reason for Leaving _____

Company Name _____  Address _____   Phone _____  Supervisor _____	Employed from _____ To _____ Position Title _____ Duties _____ _____ _____ Salary Range or Hourly Rate \$ _____ Reason for Leaving _____  
Company Name _____  Address _____   Phone _____  Supervisor _____	Employed from _____ To _____ Position Title _____ Duties _____ _____ _____ Salary Range or Hourly Rate \$ _____ Reason for Leaving _____ 

## 6. Personal References

Name _____ Address _____ _____ Home Phone Number _____ Business Phone Number _____ Years Known _____
Name _____ Address _____ _____ Home Phone Number _____ Business Phone Number _____ Years Known _____

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Business Phone Number \_\_\_\_\_  
Years Known \_\_\_\_\_

#### 7. Additional Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 8. To Be Read and Signed by Applicant

I hereby authorize Diverse Power go investigate all statements contained in this application. If I provide information that is false, Inaccurate, or incomplete, that is grounds for rejecting my application, or if I am hired, grounds for my separation from the Company.

I understand that passing a physical examination by the Diverse Power physician is required to determine physical fitness as related to job requirements before being employed by Diverse Power. The corporate physician is hereby authorized to discuss the result of the medical examination, as it relates to work activities, with the appropriate Diverse Power personnel. I certify, as a condition of my employment, that all information given on this application is correct, and that I will comply with all the rules and regulations of this corporation that are in effect now and any others that may be instituted at a later date. I also agree to follow all health and safety regulations including the use of safety equipment at all times on the job.

I also authorize the release of my information with regard to my character, ability, employment and habits and agree to hold any Persons contacted harmless with respect to any information they may give.

I understand that my employment is conditional also upon the results of the urine drug screen for which I submitted or will submit a specimen for testing. I realize that any positive result not caused by the presence of a legitimately prescribed prescription drug will cause my being refused employment or dismissed if the results of the test are received after my initial employment date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### To Be Completed by Hiring Manager and President/CEO

\_\_\_\_ Hire

Position Title \_\_\_\_\_

Department \_\_\_\_\_

Salary Grade \_\_\_\_\_

Base Salary Offered \$ \_\_\_\_\_ Compa-Ratio \_\_\_\_\_

Justification \_\_\_\_\_

Date of Offer of Employment \_\_\_\_\_

\_\_\_\_ Reject

Hiring Supervisor / Manager \_\_\_\_\_

Date \_\_\_\_\_

Disposition

\_\_\_\_ Employment Offered and Accepted Start Date \_\_\_\_\_

\_\_\_\_ Employment Offered and Declined Justification \_\_\_\_\_

President/CEO \_\_\_\_\_

Date \_\_\_\_\_