



EMPLOYMENT APPLICATION

"Jackson Energy Authority is an Equal Opportunity Employer"

P. O. Box 68, Jackson, TN. 38302-0068
Telephone 731-422-7500
Job Line 731-422-7337
Fax 731-422-7307
www.jaxenergy.com

Jackson Energy Authority

Important Instructions:

1. This application is part of the examining process and any false or incomplete information may be grounds for disqualification.
2. Proof of education is required in connection with this application.
3. Applicants will be considered for employment without regard to race, gender, religion, national origin, physical disability, age or genetics.
4. Only candidates identified to continue in the selection process will be contacted.

PERSONAL INFORMATION	Last Name		First	MI
	Street Address		City/State	Zip
	Social Security #		Home Phone	Cell Phone
	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, Visa <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Drivers License #		Type	State
	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Type of employment desired? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary Position applied for:			
	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing to work nights and weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	How did you find out about employment opportunities with JEA? <input type="checkbox"/> Job Line <input type="checkbox"/> JEA Website <input type="checkbox"/> Job Fair <input type="checkbox"/> JEA Employee <input type="checkbox"/> Other _____			
	Do you have any relatives currently employed by Jackson Energy Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No Due to Nepotism Policy, please list name(s) and relationship to you. (A relative is defined as a person who is connected with another or others by blood or marriage.) _____ _____			
Have you ever been employed by Jackson Energy Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include dates employed:				
Have you ever been convicted by any court, including a court of military justice, of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the date, place and nature of each conviction: _____ _____				
NOTE: A conviction record may not always be considered grounds for disqualification but will be weighed relative to the position being sought.				

List any other name(s) you have used so that Jackson Energy Authority can adequately check your past employment or educational history.

Other names used: _____

Did you receive a high school diploma? Yes No

If not, have you passed a high school equivalency exam? Yes No

EDUCATION AND TRAINING	Type of School	Name of School	Location	Years or Credit Hrs.	Diploma or Degree Type	Major or Field of Study
	High School					
	College/University					
	Graduate/Study					
	Technical Institute					
	Business/Trade School					
	Other					
	List all specialized skills, licenses and/or areas of certification:					
NOTE: Please ATTACH verification of education or training such as, certificates, diplomas, licenses, etc.						

REFERENCES	List the Name, Address and Phone Number of three references who are not related to you.		
	NAME	ADDRESS	PHONE

Starting with your present or most recent job, list and describe fully the jobs you have had during the past ten years. A resume may be attached to the application; however, the major responsibilities of each job must be described on the application form.

EMPLOYMENT RECORD INFORMATION

1. **Present Employer** _____ From _____ To _____
Address _____ Telephone No. _____
Name and title of supervisor _____
Salary \$ _____ Per _____
State job title and describe your most important duties and responsibilities. _____
Reason for leaving or considering change. _____

2. Employer _____ From _____ To _____
Address _____ Telephone No. _____
Name and title of supervisor _____
Salary \$ _____ Per _____
State job title and describe your most important duties and responsibilities. _____
Reason for leaving or considering change. _____

3. Employer _____ From _____ To _____
Address _____ Telephone No. _____
Name and title of supervisor _____
Salary \$ _____ Per _____
State job title and describe your most important duties and responsibilities. _____
Reason for leaving or considering change. _____

4. Employer _____ From _____ To _____
Address _____ Telephone No. _____
Name and title of supervisor _____
Salary \$ _____ Per _____
State job title and describe your most important duties and responsibilities. _____
Reason for leaving or considering change. _____

May we contact your present employer? Yes No
(ALL OTHER LISTED EMPLOYMENT IS SUBJECT TO INVESTIGATION)

PLEASE ATTACH SUPPLEMENTARY SHEET FOR ADDITIONAL EMPLOYERS, IF NEEDED.

Agreement

Please read carefully before signing.

I hereby apply for employment with Jackson Energy Authority (JEA) and state that the information contained in this application is true to the best of my knowledge and belief. I understand and agree that any misrepresentation or false statement by me in connection with this application will constitute justifiable cause for JEA not to employ me or if employed, to terminate my employment.

I understand and agree that all information furnished in this application may be verified by JEA. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give JEA all information relative to such verification and hereby release such individuals, organizations and JEA from any and all liability for any claim or damage resulting there from.

I understand that to be considered for a position in customer service that requires the handling of cash and/or payments, I may be asked to provide written consent for JEA to obtain a consumer report and/or an investigative consumer report including information concerning my credit and indebtedness. I understand that employment by JEA is conditional upon my passing a drug test. I further understand that if a job offer is made to me, prior to commencing employment, I will submit to a physical examination, if requested. If employed, I understand there may be occasions during my employment when JEA may require me to submit to a physical examination subject to the requirements of the Americans with Disabilities Act. Such examinations will be performed by doctors designated by JEA and at JEA's expense. I hereby authorize such doctors to furnish the results of such examinations to JEA.

I understand that nothing contained in this employment application or in the granting of an employment interview is intended to create an employment contract between JEA and the applicant. In the event that an employer-employee relationship is established, it is understood that my employment is terminable-at-will without specific reason or cause by either JEA or me at any time and is of no specific duration.

I understand that if I am employed by JEA and as a condition of my continued employment by JEA, I will be required to furnish proof of age and U.S. citizenship (or legal entry into the U.S., as the case may be). I understand that I will be expected to execute certain agreements with JEA. I further understand that any policy of JEA is subject to unilateral change without notice.

PLEASE sign your completed application. An unsigned application will not be considered.

Signature of Applicant _____ Date _____

For Human Resource Department Only

Physical/Drug Test _____ MVR _____ Criminal Check _____

H/R Representative _____

APPLICANT DATA RECORD

JEA provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, genetics, disability, marital status or status as a covered veteran in accordance with applicable federal, state and local laws. This policy applies to all terms and conditions of employment including but not limited to hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

As an employer, we comply with government regulations and affirmative action responsibilities. Information contained on the Applicant Data Record is used solely to comply with government recordkeeping, reporting and other legal requirements. The Applicant Data Record is maintained in a confidential file separate from the Application for Employment. Your cooperation in providing this information is appreciated.

(PLEASE PRINT)

Date _____

Name _____ Phone _____
Last First Middle Area Code

Address _____
Number Street

City State Zip

Position(s) applied for: _____

Referral Source: _____ Walk-In _____ Friend _____ Relative _____ Advertisement _____ Employment Agency

Other _____

AFFIRMATIVE ACTION SURVEY

Government agencies acquire periodic reports on the sex, age, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of this information is voluntary.

_____ Male _____ Female Birth Date: _____

Race/Ethnic Group (check one of the following):

_____ White _____ Black _____ Hispanic _____ American Indian/Alaskan Native _____ Asian/Pacific

Other _____

Check if any of the following are applicable:

_____ Vietnam Veteran _____ Disabled Veteran _____ Disabled Individual

Signed: _____