



# Jackson Energy Authority

## Co-op Application

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

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Current Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Show previous address if less than 5 years at current address

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Social Security \_\_\_\_\_ Telephone \_\_\_\_\_ Cellular \_\_\_\_\_

U. S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_ If no, Visa? Yes \_\_\_\_\_ No \_\_\_\_\_

Drivers License Number \_\_\_\_\_ Type \_\_\_\_\_ State \_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of internship/co-op position for which you are applying. Please be specific: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Semesters Completed: \_\_\_\_\_

Have you ever been employed by Jackson Energy Authority? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state job position, \_\_\_\_\_ date of employment and name used if different from above. \_\_\_\_\_

Have you either been convicted by any court, including a court of military justice, of a felony, or been released from prison following conviction of a felony? For the purpose of this application, consider felonies to include crime which is punishable by imprisonment or execution. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state date, place and nature of each conviction. \_\_\_\_\_

List any other name(s) that you have used in the past that would assist Jackson Energy Authority in reviewing your past employment and education history.

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### Education and Training

Did you receive a high school diploma? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Type of School	Name of School	Location	Years or Credit Hrs.	Diploma or Degree Type	Major Field
High School					
College/University					
Graduate/Study					
Technical Institute					
Business or Trade School					
Other					

List any specialized skills, certifications or school projects that you would like to include.

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## Employment Record

**Start 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.**

<p>1. <b>Present Employer</b> _____ 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. _____</p>
<p><b>NOTE:</b> May we contact your present employer?    Yes _____    No _____</p>
<p>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. _____</p>
<p>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. _____</p>
<p>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. _____</p>

If additional space is needed, attach supplementary sheet.

## Agreement

**Please read carefully before signing.**

I hereby apply for employment with Jackson Energy Authority 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 the application will constitute justifiable cause for Jackson Energy Authority not to employ me or, if employed, to terminate my employment for cause.

I understand and agree that all information furnished in this application may be verified by Jackson Energy Authority. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give Jackson Energy Authority all information relative to such verification and hereby release such individuals, organizations and Jackson Energy Authority from any and all liability for any claim or damage resulting therefrom. A consumer report including information concerning your credit and indebtedness may be obtained in connection with your application for employment with JEA.

I understand employment by Jackson Energy Authority is conditional upon my passing a drug test. I further understand that if a job offer is made to me, prior to commencing employment, that I will submit to a physical examination, if requested. If employed, I understand there may be occasions during my employment when Jackson Energy Authority 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 Jackson Energy Authority and at the Authority's expense, I hereby authorize such doctors to furnish the results of such examinations to Jackson Energy Authority.

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 the Authority 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 the Authority or me upon required notice, at any time and is of no specific duration.

I understand that, if I am employed by Jackson Energy Authority and as conditions of my continued employment by the Authority, 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 Jackson Energy Authority. I further understand that any policy of the Authority 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, 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 record keeping, 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.

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(PLEASE PRINT) Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle Area Code

Address \_\_\_\_\_  
Number Street

\_\_\_\_\_ City State Zip

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Position(s) applied for: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Walk-In \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Advertisement  
\_\_\_\_\_ Employment Agency Other \_\_\_\_\_

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## 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: \_\_\_\_\_