

MORRISTOWN UTILITY SYSTEMS

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other legally protected status. This employment application will remain active for a period of ninety (90) days from date of application. To be considered for employment after that time, a new application is required. Applicants may request any reasonable accommodation to enable them to participate in the application process. All new employees are subject to a 6 month probationary period.

(PLEASE PRINT AND FILL OUT COMPLETELY)

Position(s) Applied For _____ Salary Requirements _____ Date of Application _____

Last Name _____ First Name _____ Middle Name _____

Address _____ Number _____ Street _____ City _____ State _____ Zip _____

Telephone Number(s) _____ or _____ Social Security Number _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status may be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted or pled guilty to a felony? Yes No

Conviction will not necessarily disqualify an applicant from consideration.

If Yes, please explain and give dates: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job and give all employers in past 10 years. This application must be filled out completely; do not simply reference a resume.

Employer		Length of Service		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor's Name			
Reason for Leaving				
Employer		Length of Service		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor's Name			
Reason for Leaving				
Employer		Length of Service		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor's Name			
Reason for Leaving				
Employer		Length of Service		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor's Name			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Education

School Name and Location	High School				Undergraduate College/University				Graduate/Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Grade/Level Completed												
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												
Describe any honors you have received												
State any additional information you may feel may be helpful to us in considering your application												

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1.

2.

3.

Applicant's Statement and Authorization for Release

IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING

By my signature placed below, I certify that the information provided in this employment application (and any accompanying resume) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date.

I authorize the investigation by Morristown Utility Systems of all statements contained in this application (and any accompanying resume). I also authorize Morristown Utility Systems (or its agents/representatives) to contact my present employer (unless otherwise noted on this form), past employers, and references. I understand that Morristown Utility Systems may request a background check/ investigative consumer report from a consumer reporting agency that includes information as to my background, character, criminal history, general reputation, personal characteristics, and mode of living and I have specifically authorized such investigation in conjunction with this application for employment. I authorize any person, school, current employer, past employer, and organizations named in this job application (and any accompanying resume) to provide Morristown Utility Systems with relevant information as requested by Morristown Utility Systems and to provide opinions that may be useful to Morristown Utility Systems in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements and providing such information.

I hereby consent, if requested, to a complete physical examination, to include a drug screening examination, in the event that and only after an offer of employment is made. I understand that said offer, if made, is contingent upon the satisfactory results of any background/consumer reports, physical examination or drug screening. If hired, I further consent to searches of any areas on Morristown Utility Systems' premises, including but not limited to desks, lockers, lunch boxes, brief cases or book bags, parking lots, automobiles and computer files, cellular phones, and portable computer storage devices at any time during my employment.

I understand and agree that, if hired, my employment is for no definite period of time, and may regardless of the date of payment or stated terms of my wages or salary, be terminated at any time. I understand and agree that my employment relationship with Morristown Utility Systems, if hired, is an employment-at-will relationship and may be terminated by either me or Morristown Utility Systems at any time with or without cause. I understand that no person is authorized to change the terms mentioned in this employment application and I understand that this employment application is not, and is not intended to be, a contract of employment.

Signature

Date

Witness

Date

Applicant's Full Name: _____

Address: _____

City/State: _____

Telephone: (____) _____

Social Security Number: _____

MORRISTOWN UTILITIES COMMISSION

441 WEST MAIN STREET
P.O. BOX 667
MORRISTOWN, TN 37815
PHONE: (423) 586-4121 FAX (423) 586-9490

VOLUNTARY SELF-IDENTIFICATION

Position for which you are applying: _____ Date of Application: _____

Name: _____ State: _____

The following information is being gathered not for employment decisions but for record keeping in compliance with federal laws. Your responses will help in developing and monitoring our affirmative action programs. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws and regulations for reporting purposes. However, if you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information. If you do not wish to furnish this information, please initial below.

I do not wish to furnish this information (initials): _____

SEX

- FEMALE
- MALE

RACE-ETHNICITY

- WHITE
- HISPANIC OR LATINO
- ASIAN
- BLACK OR AFRICAN AMERICAN
- TWO OR MORE RACES
- AMERICAN INDIAN OR ALASKA NATIVE
- NATIVE HAWAIIAN OR PACIFIC ISLANDER

(other)

Morristown Utility Systems is an Equal Opportunity Employer and complies with all applicable federal, state, and local laws and regulations.

MORRISTOWN UTILITY SYSTEMS

441 WEST MAIN STREET

PO BOX 667

MORRISTOWN, TN 37814

PHONE: (423) 586-4121 FAX: (423) 586-6590

“PRE-OFFER” INVITATION TO SELF IDENTIFY AS A PROTECTED VETERAN

Morristown Utilities Commission is a Government contractor 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. These classifications are defined as follows:

- 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*” 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 the United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

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

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations. Furthermore, MUC shall not discriminate against protected veterans and shall take affirmative action to employ and advance in employment qualified protected veterans, and will ensure that all employment decisions are based on valid job requirements.

Name

Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I 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:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date