

# EMPLOYMENT APPLICATION

Date \_\_\_\_\_

**The Middle Tennessee Electric Membership Corporation** "An Equal Opportunity Employer M/F/D/V"

**TRANSCRIPT OF GRADES MUST BE ATTACHED IN ORDER FOR APPLICATION TO BE VALID. IF TRANSCRIPT IS UNAVAILABLE, MTEMC PERSONNEL HAS RIGHT TO NAME OTHER SPECIFIED REQUIREMENTS.**

If hired, Federal Law requires that you furnish documentation showing your identity and that you are legally authorized to work in the United States.



Middle Tennessee Electric  
Membership Corporation

- **Competitive Wages**
- **Friendly Work Environment**
- **Employee Training**
- **Advancement Opportunities**
- **Employee Benefits**
- **Service Awards**

**Applications must be renewed for each job opening.**

**"Our Mission... Quality Service"**

The Middle Tennessee Electric  
Membership Corporation  
555 New Salem Road  
Murfreesboro, Tennessee 37129  
(615) 890-9762

## For Office Use Only

Interviewed by \_\_\_\_\_

Date of Hire \_\_\_\_\_

Position \_\_\_\_\_

Rate of Pay \$ \_\_\_\_\_

NAME \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE NUMBER \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE  YES  NO ARE YOU 21 YEARS  YES  NO DO YOU USE  YES  NO  
FOR EMPLOYMENT IN THE USA OR OLDER? TOBACCO PRODUCTS? PRODUCT TYPE? \_\_\_\_\_

ARE YOU RELATED TO ANY  YES  NO MTEMC EMPLOYEE? RELATIONSHIP \_\_\_\_\_

HAVE YOU, SINCE THE AGE OF 18, EVER BEEN CONVICTED OF A FELONY?  YES  NO (NOTE: A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT BUT WILL ONLY BE CONSIDERED IN RELATION TO SPECIFIC JOB REQUIREMENTS. EACH CONVICTION WILL BE JUDGED ON ITS OWN MERITS WITH RESPECT TO TIME, CIRCUMSTANCES, AND SERIOUSNESS.) IF YES, PLEASE SPECIFY: \_\_\_\_\_

POSITION YOU ARE APPLYING FOR \_\_\_\_\_ TYPE OF WORK DESIRED \_\_\_\_\_

PAY EXPECTED PER WEEK \_\_\_\_\_ DATE YOU WOULD BE AVAILABLE TO WORK? \_\_\_\_\_

REASON FOR APPLYING WITH MTEMC \_\_\_\_\_

WERE YOU PREVIOUSLY EMPLOYED BY US?  YES  NO WHEN? \_\_\_\_\_

LIST THREE REFERENCES WHO ARE NOT RELATIVES OR PREVIOUS SUPERVISORS

NAME	ADDRESS	ZIP CODE	OCCUPATION	TELEPHONE

**EDUCATION AND TRAINING**

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER (SPECIFY)			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**WORK EXPERIENCE**

(YOUR CURRENT EMPLOYER WILL BE CONTACTED ONLY WITH YOUR CONSENT. PLEASE CHECK:  YES  NO)

**CURRENT OR MOST RECENT EMPLOYER:**  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 STARTING DATE: MO \_\_\_\_\_ YR \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SALARY \$ \_\_\_\_\_  
 LEAVING DATE: MO \_\_\_\_\_ YR \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_  
 DESCRIBE NATURE OF YOUR WORK \_\_\_\_\_

**SECOND MOST RECENT EMPLOYER;**  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 STARTING DATE: MO \_\_\_\_\_ YR \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SALARY \$ \_\_\_\_\_  
 LEAVING DATE: MO \_\_\_\_\_ YR \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_  
 DESCRIBE NATURE OF YOUR WORK \_\_\_\_\_

**THIRD MOST RECENT EMPLOYER:**  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 STARTING DATE: MO \_\_\_\_\_ YR \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SALARY \$ \_\_\_\_\_  
 LEAVING DATE: MO \_\_\_\_\_ YR \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_  
 DESCRIBE NATURE OF YOUR WORK \_\_\_\_\_

**MILITARY RECORD**

WERE YOU IN THE U.S. ARMED FORCES?  YES  NO  
 BRANCH \_\_\_\_\_

DATES OF DUTY:  
 FROM \_\_\_\_\_  
 TO \_\_\_\_\_  
 DUTIES INCLUDING SPECIAL TRAINING \_\_\_\_\_

HAVE YOU TAKEN ANY TRAINING UNDER THE G.I. BILL OF RIGHTS?  YES  NO

**INFORMED CONSENT STATEMENT**

1) I certify that the information contained on this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal. 2) I understand that a transcript of grades must be attached in order for this application to be valid. 3) I authorize the references listed to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. 4) I acknowledge that, if I become employed, I will be an employee at-will and will be free to terminate my employment for any reason and that The Middle Tennessee Electric Membership Corporation retains the same rights.

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

## Self-Identification of Race and Sex

Position for Which You Are Applying: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

The Middle Tennessee Electric Membership Corporation, by virtue of its federal contracts is subject to the equal employment opportunity and affirmative action obligations of Executive Order 11246, as amended, and its implementing regulations which require the Cooperative to conduct statistical analyses using data on the race and sex of applicants for employment, to be included in its Affirmative Action Program for Minorities and Women. Additionally, the Cooperative is required to submit this information to the U.S. Department of Labor's Office of Federal Contract Compliance Programs upon request.

**Completion of this form is voluntary.** Any information you provide will be used by the Cooperative only to comply with its equal employment opportunity and affirmative action obligations under the law. Neither the information provided nor the failure to provide such information will adversely affect your consideration for employment or subject you to any other adverse treatment. This form will be maintained in a file separate from your application for employment and no one involved in the hiring process will have access to this information.

### **ETHNICITY:**

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, **regardless of race.**

### **IDENTIFICATION OF RACE/ETHNICITY:**

- American Indian or Alaskan Native (not Hispanic or Latino)** – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian (not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American (not Hispanic or Latino)** – A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races (not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

### **IDENTIFICATION OF SEX:**

- Female
- Male