



Lexington Electric System
92 South Main Street
Lexington, TN 38351
(731) 968-3662

APPLICATION FOR EMPLOYMENT
VALID FOR 90 DAYS FROM DATE OF APPLICATION
WE ARE AN EQUAL OPPORTUNITY EMPLOYER

POSITION PREFERRED _____ DATE _____

PERSONAL INFORMATION

Name _____
Last First Middle

Social Security Number _____ - _____ - _____ Email _____

Address _____

City, State, & Zip Code _____

Home Phone _____ Business/Message _____

EDUCATION

High School _____

Graduate? ____ YES ____ NO DEGREE _____

College/University _____

Graduate? ____ YES ____ NO DEGREE _____

Business/Trade School _____

Graduate? ____ YES ____ NO DEGREE _____

Summarize your special skills or qualifications :

Have you ever worked for this company before? ____ YES ____ NO

If yes, give dates, locations, and positions:

Dates _____ Location _____ Position _____

Dates _____ Location _____ Position _____

Are you currently employed? ____ YES ____ NO

If yes, may we contact your current employer for reference? ____ YES ____ NO

Are you seeking a full-time position ____ or a part-time position ____?

____ 1st Shift

____ 2nd Shift

____ 3rd Shift

____ Overtime

____ Weekends

EMPLOYMENT HISTORY (Most recent job first)

<i>Employer</i>	<i>Employed</i>	<i>Pay</i>	<i>Position</i>	<i>Reason for Leaving</i>
_____ Company _____ Address _____ City, State, Zip	From (mo/yr) To (mo/yr)	Start \$ _____ Final \$ _____ Per (circle one) Hour Week Month Year	_____ <i>Name & Title of Last Supervisor</i> _____	
_____ Company _____ Address _____ City, State, Zip	From (mo/yr) To (mo/yr)	Start \$ _____ Final \$ _____ Per (circle one) Hour Week Month	_____ <i>Name & Title of Last Supervisor</i> _____	
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REFERENCES

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

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>

Are you a U.S. Citizen? ____ YES ____ NO

If no, do you have a work permit for the U.S.? ____ YES ____ NO

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? ____ YES ____ NO

If yes, give date and details for each offense:

Although the system may keep this application on file indefinitely, this application will be considered current and active for ninety (90) days. If you wish to be considered for employment after that time, you must reapply.

I certify that all of the information that I have provided on this application is true and accurate.

Date Signature of Applicant _____

EMERGENCY CONTACT INFORMATION

Please list a person whom you wish to be contacted in the event of an emergency.

Name Relationship _____

Address Phone _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks: _____

Interviewer

Date

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

Name and Title

Date

NOTES

