



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

Email \_\_\_\_\_

Address \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**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  ?

**EMPLOYMENT HISTORY** (Most recent job first)

<i>Employer</i>	<i>Employed</i>	<i>Pay</i>	<i>Position</i>	<i>Reason for Leaving</i>
<hr/> Company <hr/> Address <hr/> City, State, Zip	From (mo/yr)  To (mo/yr)	Start \$ _____  Final \$ _____  Pay Rate	<hr/> Name & Title of Last Supervisor <hr/>	
<hr/> Company <hr/> Address <hr/> City, State, Zip	From (mo/yr)  To (mo/yr)	Start \$ _____  Final \$ _____  Pay Rate	<hr/> Name & Title of Last Supervisor <hr/>	
<hr/> Company <hr/> Address <hr/> City, State, Zip	From (mo/yr)  To (mo/yr)	Start \$ _____  Final \$ _____  Pay Rate	<hr/> Name & Title of Last Supervisor <hr/>	
<hr/> Company <hr/> Address <hr/> City, State, Zip	From (mo/yr)  To (mo/yr)	Start \$ _____  Final \$ _____  Pay Rate	<hr/> Name & Title of Last Supervisor <hr/>	

**REFERENCES**

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

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>

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.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**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 the 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 not to exceed 90 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether 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** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_