



INSTRUCTIONS FOR



EMPLOYMENT APPLICATION

Please read and follow instructions to apply for employment at Tippah EPA. Applying for a position does not guarantee an applicant an interview or employment.

ALL INFORMATION IS CONFIDENTIAL

Please follow these instructions:

- This application is for various positions within Tippah EPA (including TEPAConnect). Please fill out all sections completely, even if you provide a resume. Any false information will be grounds for disqualification from consideration for employment.
- Please include a copy of your high school transcript.
- Seal application in provided envelope and return to Tippah EPA to take required 30-minute test.
- **Tests are on Tuesdays and Thursdays at 9:30 a.m. and 2:30 p.m.**
No appointment needed.
- Do not drop off applications. Any application dropped off without taking the required test will be considered invalid.
- When you arrive, let one of our Customer Service Representatives know that you are here to take the test.
- Keep your application with you until a member of management comes to get you for the test.
- Please sign below confirming that you have read and understood application instructions.

Applicant's Signature: _____ Date: _____

Management Staff Member: _____ Date: _____

TIPPAH ELECTRIC POWER ASSOCIATION IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER.

All stages of the selection process will be free from any discrimination based upon an individual's race, sex, color, religion, national origin, age, veteran status, disability, or handicap. Applicants, who are considered for employment, are judged based on their job-related qualifications.

NOTE: This application for employment shall be considered active for a period not to exceed 24 months. 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.

APPLICATION FOR EMPLOYMENT

Date: _____ Position Applying For _____

Which company? (please circle) Tippah EPA or TEPAConnect

Personal Data:

Name: _____
First Middle Last

Address: _____
Street/Road City State Zip Code

Phone Number(s): _____ Are you 18 years of age or over? Yes ____ No ____

Are you lawfully employable full-time in the United States either by U.S. Citizenship or by obtaining the proper authorization from U.S. Immigration & Naturalization Service and the Department of Labor? YES / NO ____

Have you ever been employed with us before? Yes ____ No ____

If Yes, give date and job held _____

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

Are you currently employed? Yes ____ No ____

If yes, may we contact your present employer? Yes ____ No ____

If hired, what date would you be available for work? _____

Have you ever been discharged from a job? Yes ____ No ____ If Yes, why?

Do you have a valid Driver's License? Yes ____ No ____ Regular ____ Commercial ____

Have you ever had a Commercial Drivers License? Yes ____ No ____

With what company did you have your CDL? _____

Have you ever been convicted of a felony? Yes ____ No ____ If Yes, please explain:

Are you related to any one who is employed by TEPA? Yes ____ No ____

If Yes, state name and relationship _____

Personal References:***(Do not list relatives)***

Name and Occupation	Address	Phone Number

Specialized Skills:*(Check all that apply.)***Inside Operation Skills:**

- ☐ Excel
- ☐ Word
- ☐ Power Point
- ☐ Switchboard
- ☐ Any other PC skills, please list on back of page.

Outside Operation Skills:

- ☐ Chain Saw
- ☐ Tractor
- ☐ Forklift
- ☐ Aerial Bucket
- ☐ Digger
- ☐ Fiber Splicing

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience. State any additional information you feel may be helpful to us in considering your application.

List professional, trade, business, or civic activities and offices you have held.

(You may exclude membership which would reveal gender, race, religion, national origin, age ancestry, disability, or other protected status.)

Employment Experience :

Employer: _____

Address: _____

Telephone Number(s): _____

Job Title: _____ Supervisor: _____

Reason for leaving: _____

Dates Employed: From _____ To: _____

Work Performed: _____

Employer: _____

Address: _____

Telephone Number(s): _____

Job Title: _____ Supervisor: _____

Reason for leaving: _____

Dates Employed: From _____ To: _____

Work Performed: _____

Employer: _____

Address: _____

Telephone Number(s): _____

Job Title: _____ Supervisor: _____

Reason for leaving: _____

Dates Employed: From _____ To: _____

Work Performed: _____

Education and Training

(High School or College transcript is required with this application)

Did you graduate from High School? Yes ____ No ____

If yes, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

If no, did you pass a G.E.D. test? Yes ____ No ____

Type of School	School Name & Address	Years or Number of credit hours completed.	Type of Diploma or Degree	Major Field of Study
High School				
College or Universtiy				
College or University				
Graduate Study				
Business or Trade School				
Licenses or Certification				

Military Service Record

Were you in U.S. Armed Forces? Yes ____ No ____ If Yes, date of discharge _____

Rank or Separation _____

Present membership in National Guard or Reserve _____

Describe any specialized training, apprenticeship, skills, and job-related training received in the military:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING.

I understand and agree that:

1. The information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, termination of employment.
2. Any offer of employment I may receive is contingent upon my successful completion of the Association's total pre-employment physical examination(s) of such nature and extent and time and by such physician(s) as the Association may require. I further agree that the examiner(s) shall be at liberty to and shall submit to you the report(s) on such examination(s). (The pre-employment screening process as well as any physical examination procedures, shall be conducted in accordance with the American With Disabilities Act.)
3. Possession or use of alcohol or illegal drugs at any time while on duty is strictly prohibited. Employees are also forbidden to engage in any sale or other transaction involving illegal drugs on the employer's premise. Violators will be subject to immediate discipline or discharge. In addition, any employee who is arrested for selling drugs while off duty may be discharged if convicted of a criminal offense. I hereby agree to submit to pre-employment drug screening and any drug testing as required by this Association at any time at the discretion of the Association as a condition of continued employment.
4. In submitting my application for employment, the Association may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, criminal record, and mode of living. I understand that upon written request to the company, I will be informed of whether and investigative consumer report was requested and given full information as to the nature and scope of this investigation.
5. I hereby authorize investigation of all matters contained in this application including all past and present employers, doctors, schools, or educational institutions, courts or police jurisdictions, personal references, or any other persons to answer all questions asked by the Association concerning my ability, character, reputation, educational record, previous employment record, or other matters pertinent to pre-employment investigation. I release all such persons, organizations or institutions or jurisdictions from any liability or damages because having furnished such information. (All inquiries as well as persons contacted shall be in accordance with the American With Disabilities Act).
6. In consideration of my employment, I agree to comply with policies, rules, regulations, and procedures of the Association. I understand that, if employed, my employment and compensation have no specific duration; instead it is based upon our mutual consent to continue the relationship. In consideration of my employment herein, I understand and acknowledge that notwithstanding anything contained in my work rules, policies, practices, procedures, and regulations, of the Association, all employment can be discontinued for any reason, with or without cause, and that no management official has authority to enter into any agreement contrary to the foregoing or make any oral assurance for promise of continued employment.

Applicant's Signature: _____ Date: _____