

Application for Employment

Please read before filling out this application

Edgecombe-Martin County Electric Membership is an equal opportunity employer and provider. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. Edgecombe-Martin County Electric Membership Corporation **intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for **thirty (30) days.**

Personal Data

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Contact Number (____) _____ Are you 18 years or older? Yes No

Are you legally eligible for employment in the United States? (If yes, proof is required if hired.) Yes No

Educational Data

| | Name of School | Location | Course of Study | Did You Graduate? Degree or diploma |
|---------------------------|----------------|----------|-----------------|-------------------------------------|
| High School | | | | |
| College | | | | |
| Graduate School | | | | |
| Vocational Training/Other | | | | |
| Other (Specify) | | | | |
| Continuing Education | | | | |
| List Degree(s) Obtained | | | | |
| | | | | |

Employment

Job applied for _____ Salary desired _____

Have you ever applied here before? _____ When? _____

Have you ever worked for this Company before? _____ When? _____

If yes, give the name(s) if different from the one given on this application _____

When could you report for work? _____

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

Have you ever been fired or asked to resign from a job? Yes No

If yes, explain _____

Work History

Are you currently covered by a non-compete agreement with any former employer? Yes No

If yes, identify employer _____

| | | | | |
|-----------------------------|-------------------------|------|---|---|
| From (mo./yr.) | Company | | | Telephone AREA () |
| To (mo./yr.) | Address | City | State | Zip |
| Supervisor's Name/Title | Type of Business | | If this is your current employer, may we contact? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Your Position/Title | Responsibilities/Duties | | | |
| Specific Reason for Leaving | | | | |

| | | | | |
|-----------------------------|-------------------------|------|---|---|
| From (mo./yr.) | Company | | | Telephone AREA () |
| To (mo./yr.) | Address | City | State | Zip |
| Supervisor's Name/Title | Type of Business | | If this is your current employer, may we contact? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Your Position/Title | Responsibilities/Duties | | | |
| Specific Reason for Leaving | | | | |

| | | | | |
|-------------------------|-------------------------|------|---|---|
| From (mo./yr.) | Company | | | Telephone AREA () |
| To (mo./yr.) | Address | City | State | Zip |
| Supervisor's Name/Title | Type of Business | | If this is your current employer, may we contact? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Your Position/Title | Responsibilities/Duties | | | |

Specific Reason for Leaving

Relatives In Our Employment

| Name | Relationship | Name | Relationship |
|------|--------------|------|--------------|
| | | | |
| | | | |

Military

Branch of Service:

Duties in the service, including schools and training:

Special Skills

What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate and/or any software applications you are proficient in.

List any first aid or emergency response training for which you are currently certified (give date of certification).

Professional References

Give three references who are not relatives or former employers.

| Name | Occupation | Years Known | Phone | Address |
|------|------------|-------------|-------|---------|
| | | | | |
| | | | | |
| | | | | |

Affidavit

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to Edgecombe-Martin County EMC's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice to the extent permitted by law, at any time, at either my or Edgecombe-Martin County EMC's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Edgecombe-Martin County EMC representative, other than its Chief Executive Officer, and then only when in writing and signed by the Chief Executive Officer, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

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Signature _____ Date _____