



**APPLICATION FOR EMPLOYMENT
FOR
NON-D.O.T. APPLICANTS
(NO COMMERCIAL DRIVER'S LICENSE HOLDERS)**
(Effective for one year)

Columbia Power and Water Systems is an Equal Opportunity Employer. Applicants are considered for all positions without discrimination with regard to race, color, religion, creed, sex, national origin, ancestry, age (40 and over), disability, citizenship, veteran status, or other legally protected classification. Information provided on this application will not be used for any discriminatory purpose.

CPWS only accept applications for open, available positions for the job title(s) advertised/posted for a specific time period.

EMPLOYMENT APPLICATIONS SUBMITTED TO CPWS THAT ARE COMPLETED IMPROPERLY AND/OR INCOMPLETE WILL NOT BE CONSIDERED FOR EMPLOYMENT.

In the event that any applicant needs special assistance during the application process, please call 931-375-7600.

PERSONAL DATA

Name: _____ Date of Application: _____

Last First Middle

Current Address: _____

Street Address City, State, Zip

Social Security Number _____ Phone No. (_____) _____

Exact job for which you are applying (see job title on attached Job Description): _____

If currently employed, why do you wish to make a change? _____

How did you hear about this job opening? _____

Have you ever been employed by this company? _____ If yes, where, when and in what capacity?

Earliest date you are available to work with our company: _____

In order to perform a background check:

(a) Have you ever attended school under other name(s)? If so, please list name(s):

(b) Have you ever worked under other name(s)? If so, please list name(s): _____

EMPLOYMENT

**List last or present employer first – include vacation or temporary employment.
Please give complete street address, city, state, and zip code.**

Employer	Position Held	Date (Month/Year)	Reason for Leaving	Monthly Salary or Hourly Rate
Name		From		Your Starting Rate
Complete Street Address, City, State, Zip		To		Your Rate at Leaving
Your Supervisor's Name		Title		May we contact this person?

Employer	Position Held	Date (Month/Year)	Reason for Leaving	Monthly Salary or Hourly Rate
Name		From		Your Starting Rate
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Complete Street Address, City, State, Zip		To		Your Rate at Leaving
Your Supervisor's Name		Title		May we contact this person?

The "Essential Functions" of this job are listed on the attached Job Description.

Can you perform each "Essential Function" with or without an accommodation? Yes ____ No ____
If your answer was "No", are there any accommodations that can be made so that you can perform the required job duties? Yes ____ No ____

A post-job offer, pre-employment examination and drug testing will be required. CPWS also performs background checks.

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EDUCATION

Type of School	Name of School	Complete Street Address, City, State, Zip	Number of Years Completed	Course or Major Field Studied	Degree/ Diploma
High School					
College					
Post Graduate					
Business School					
Trade School					
Correspondence					
Night School					
Other					

REFERENCES

List three persons who are **not** related to you and who would have knowledge of your qualifications for the position for which you are applying. **DO NOT** repeat name of supervisors listed under work experience. **DO NOT** list current or former employees of Columbia Power and Water Systems.

Name and Phone Number	Complete Street Address, City, State, and Zip	Business or Occupation
1.		
2.		
3.		

EMPLOYMENT APPLICATIONS SUBMITTED TO CPWS THAT ARE COMPLETED IMPROPERLY AND/OR INCOMPLETE WILL NOT BE CONSIDERED FOR EMPLOYMENT

List any training, experience, skills or abilities that you consider important to the successful performance of the job for which you are applying: _____

CPWS' personnel subject to stand-by duty or after-hours call-out must reside within a CPWS service territory or Maury County. Would this pose a potential problem for you? Yes _____ No _____

I understand Columbia Power and Water Systems follow an employment-at-will policy, in that I or CPWS may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of legal employment authorization and identity within three (3) days of hire. Failure to submit such proof within the required time shall result in immediate employment termination. I understand that to be employed, I must be lawfully authorized to work in the United States and I must show documents that will prove this fact. Can you provide such documentation to CPWS? Yes _____ No _____

I understand that Columbia Power and Water Systems will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. I agree to submit to a physical examination, including drug testing.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

This application will be active for one year ONLY after date of submission.

Applicant Signature _____ **Date** _____

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

REQUESTING LEAVE

EMPLOYER RESPONSIBILITIES

ENFORCEMENT

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division



This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at www.justice.gov/crt/osc.

E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

888-897-7781

www.dhs.gov/E-Verify

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.



E-VERIFY IS A SERVICE OF DHS AND SSA

The E-Verify logo and mark are registered trademarks of Department of Homeland Security. Commercial sale of this poster is strictly prohibited.

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have the legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

- In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.
- Employers cannot reject documents because they have a future expiration date.

- Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.
- In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

If any of these things have happened to you, contact the Office of Special Counsel (OSC).

For assistance in your own language:
Phone: 1-800-255-7688 or (202) 616-5594
For the hearing impaired:
TTY 1-800-237-2515 or (202) 616-5525

E-mail: oscrt@usdoj.gov

Or write to:
U.S. Department of Justice – CRT
Office of Special Counsel – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

**U.S. Department of Justice
Civil Rights Division**

**Office of Special Counsel for
Immigration-Related Unfair
Employment Practices**



www.justice.gov/crt/about/osc