



**APPLICATION FOR EMPLOYMENT
FOR
D.O.T. APPLICANTS
(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 accepts 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

Email Address: _____ 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 and Title		Phone Number	May we contact this person?	

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 and Title		Phone Number	May we contact this person?	

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Name		From		Your Starting Rate
Complete Street Address, City, State, Zip		To		Your Rate at Leaving
Your Supervisor's Name and Title		Phone Number	May we contact this person?	

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 and Title		Phone Number	May we contact this person?	

The skills, responsibilities, and requirements of this job are listed on the attached Job Description. Can you perform all 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
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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 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** _____

INFORMATION REQUIRED FOR
D.O.T. COMMERCIAL DRIVER'S LICENSE HOLDERS
AND/OR SAFETY SENSITIVE POSITIONS

Name: _____
First Middle Last

Address: _____ How long? _____
Street Address City, State, Zip

Address For Past Three Years { _____ How long? _____
Street Address City, State, Zip
 _____ How long? _____
Street Address City, State, Zip
 _____ How long? _____
Street Address City, State, Zip

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver Licenses	State	License No.	Type	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Apx. No. of Miles (Total)
		From	To	

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH ADDITIONAL SHEET IF NEEDED)

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty

(Attach additional sheet if necessary)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes ____ No _____

B. Has any license, permit or privilege ever been suspended or revoked?

Yes ____ No _____

(If the answer to either A or B is yes, attach a statement giving details)

EMPLOYMENT RECORD

Note: DOT requires that employment for at least 3 years and/or commercial driving experience for the last 10 years be shown.

Last Employer	Position Held	Date (Month/Year)	Reason for Leaving	Salary
Name		From		
Complete Street Address, City, State, Zip		To		

Second Last Employer	Position Held	Date (Month/Year)	Reason for Leaving	Salary
Name		From		
Complete Street Address, City, State, Zip		To		

Third Last Employer	Position Held	Date (Month/Year)	Reason for Leaving	Salary
Name		From		
Complete Street Address, City, State, Zip		To		

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, all entries on it and information in it are true and complete to the best of my knowledge, and I agree to comply with Columbia Power and Water Systems' rules and regulations.

Signature _____ **Date** _____

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



Sample Only Sólo muestra

This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



E-VERIFY IS A SERVICE OF DHS AND SSA

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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



IF YOU HAVE THE RIGHT TO WORK



DON'T LET ANYONE TAKE IT AWAY

If you have the skills, experience, and legal right to work, your citizenship or immigration status shouldn't get in the way. Neither should the place you were born or another aspect of your national origin. A part of U.S. immigration laws protects legally-authorized workers from discrimination based on their citizenship status and national origin. You can read this law at [8 U.S.C. § 1324b.](#)

The [Immigrant and Employee Rights Section \(IER\)](#) may be able to help if an employer treats you unfairly in violation of this law.

The law that IER enforces is 8 U.S.C. § 1324b. The regulations for this law are at 28 C.F.R. Part 44.

Call IER if an employer:

Does not hire you or fires you because of your national origin or citizenship status (this may violate a part of the law at 8 U.S.C. § 1324b(a)(1))

Treats you unfairly while checking your right to work in the U.S., including while completing the [Form I-9](#) or using [E-Verify](#) (this may violate the law at 8 U.S.C. § 1324b(a)(1) or (a)(6))

Retaliates against you because you are speaking up for your right to work as protected by this law (the law prohibits retaliation at 8 U.S.C. § 1324b(a)(5))

The law can be complicated. Call IER to get more information on protections from discrimination based on citizenship status and national origin.

Immigrant and Employee Rights Section (IER)

1-800-255-7688

TTY 1-800-237-2515

www.justice.gov/ier

IER@usdoj.gov



U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, January 2019

This guidance document is not intended to be a final agency action, has no legally binding effect, and has no force or effect of law. The document may be rescinded or modified at the Department's discretion, in accordance with applicable laws. The Department's guidance documents, including this guidance, do not establish legally enforceable responsibilities beyond what is required by the terms of the applicable statutes, regulations, or binding judicial precedent. For more information, see "Memorandum for All Components: Prohibition of Improper Guidance Documents," from Attorney General Jefferson B. Sessions III, November 16, 2017.

