

SOUTHEAST UTILITIES OF GEORGIA, INC./CCU.

1020 FRANKE INDUSTRIAL DR.
AUGUSTA, GA 30909

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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Do you have experience for this position? Yes No

If Yes, how many years? _____ year(s) _____ month(s)

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip
Telephone Number(s) Home: _____ Cell: _____	Date of Birth	Social Security Number - -			
Drivers License #:	Class:	State:			

Best time to contact you at home is: _____: _____ AM
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date and reason for leaving _____

Have you ever been convicted of a felony or misdemeanor? Yes No
If Yes, explain _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No
Proof of citizenship or immigration status will be required upon employment

Date available for work ____/____/____ What is your desired salary range? _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

1. Name of Employer: _____
Address: _____
Contact/Phone #: _____
From: _____ To: _____
Pay Rate/Salary: _____
Reason for Leaving: _____
May We Contact: Yes _____ No _____

2. Name of Employer: _____
Address: _____
Contact/Phone #: _____
From: _____ To: _____
Pay Rate/Salary: _____
Reason for Leaving: _____
May We Contact: Yes _____ No _____

3. Name of Employer: _____
Address: _____
Contact/Phone #: _____
From: _____ To: _____
Pay Rate/Salary: _____
Reason for Leaving: _____
May We Contact: Yes _____ No _____

4. Name of Employer: _____
Address: _____
Contact/Phone #: _____
From: _____ To: _____
Pay Rate/Salary: _____
Reason for Leaving: _____
May We Contact: Yes _____ No _____

Comments: Include explanation of any gaps in employment

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

PERSONAL/PROFESSIONAL REFERENCES Do not include family members.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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

OFFICE COMMENTS

Date reporting to work: _____ Wage/Salary: _____
Position/Dept.: _____
Comments: _____

USE OF PERSONAL PROTECTIVE EQUIPMENT

I, the undersigned, understand and agree that as a condition of employment I am required to wear/use the following personal protective equipment supplied and/or required by my employer:

COMPANY SUPPLIED: _____

COMPANY REQUIRED:
(Supplied by Employee) _____

I agree to inform my employer immediately upon the failure of any of the above listed equipment so the same can be promptly repaired or replaced.

In the event I sustain an on-the-job injury as a direct result of my failure to wear/use the personal protective equipment listed above, my worker's compensation benefits could be substantially reduced.

Employee Signature

Date

Manager or Company Representative

Date

Witnessed by

Date