



1207A S. College • Trenton, TN 38382

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

This application will be considered only for the vacant position for which you are applying. To be considered for other vacant positions, a new application must be filed. The following information is requested in order to help us make the best possible placement within the Corporation. All portions of this application pertaining to you must be completed. We appreciate the time you spend in completing this application form.

**All qualified applicants will receive consideration for employment without regard to race, color, creed, religion, sex, sexual orientation, gender identity, age, national origin, disability, veteran status, or any other legally protected characteristics.**

**Note:** Applicants applying for positions that require them to drive commercial motor vehicles must also fill out the Driver's Supplemental Application for Employment.

**GIBSON EMC AND GIBSON CONNECT ARE EQUAL OPPORTUNITY EMPLOYERS.**

**PLEASE PRINT**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Primary Phone No: \_\_\_\_\_ Alternative Phone No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No

How were you referred? \_\_\_\_\_

Are you a relative, either by blood or marriage, of any employee or trustee of Gibson EMC or Gibson Connect?  Yes  No

Have you ever applied for a job with Gibson Connect or Gibson EMC? If yes, when? \_\_\_\_\_  Yes  No

Have you ever worked at the Gibson Connect or Gibson EMC before? If yes, when? \_\_\_\_\_  Yes  No

Are you at least eighteen years of age?  Yes  No

Position for which you are applying (be specific): \_\_\_\_\_

Salary Expected: \$ \_\_\_\_\_ per \_\_\_\_\_

In what state or states do you possess a valid and current driver's license?

State: \_\_\_\_\_ License No.: \_\_\_\_\_

State: \_\_\_\_\_ License No.: \_\_\_\_\_

State: \_\_\_\_\_ License No.: \_\_\_\_\_

In what state or states have you ever possessed a driver's license?

State: \_\_\_\_\_ License No.: \_\_\_\_\_

State: \_\_\_\_\_ License No.: \_\_\_\_\_

State: \_\_\_\_\_ License No.: \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? *(See position description for essential functions of job.)*  Yes  No

Apart from absence for religious observation, are you available to work the shift specified in the job posting for this job?  Yes  No

If not, what hours can you work? \_\_\_\_\_

Will you work overtime if asked?  Yes  No

Are you willing to work after hours call-out duty and on-call assignments?  Yes  No

If you are selected for employment, on what date can you start work? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, give details, including jurisdiction (state and county) where such conviction occurred.

\_\_\_\_\_

*(Criminal convictions are not an absolute bar to employment. They will only be considered in relation to specific job requirements. All relevant factors (nature of the offense, when it occurred, nature of the job) will be considered before a decision is made.)*

**EDUCATION**

School Name	Address	No. of Years Attended	Degree	Major
High:				
College:				
Other:				
Courses now studying:				

**CLERICAL, SECRETARIAL, AND MEMBER CARE APPLICANTS ONLY**

Place one check for knowledge. Place two checks for experience.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Computer          | <input type="checkbox"/> Microsoft Outlook    | <input type="checkbox"/> Cash Register/Drawer             |
| <input type="checkbox"/> Computer Printer  | <input type="checkbox"/> Microsoft Excel      | <input type="checkbox"/> Cash Handling/Balancing Payroll  |
| <input type="checkbox"/> Copy Machine      | <input type="checkbox"/> Microsoft Word       | <input type="checkbox"/> Two-Way Radio                    |
| <input type="checkbox"/> 10-Key Calculator | <input type="checkbox"/> Customer Service     | <input type="checkbox"/> Collections on consumer accounts |
| <input type="checkbox"/> Keyboarding       | <input type="checkbox"/> Multi-Line Telephone |   |

**TRADES, CRAFTS, AND TECHNICAL APPLICANTS ONLY**

Place one check for knowledge. Place two checks for experience.

- |  |  |
|--|--|
| <input type="checkbox"/> Warehousing                                   | <input type="checkbox"/> Radio communication and operation   |
| <input type="checkbox"/> Computer inventory methods                    | <input type="checkbox"/> Addressing consumer concerns        |
| <input type="checkbox"/> Prepare work orders                           | <input type="checkbox"/> Connecting and disconnecting meters |
| <input type="checkbox"/> Material control                              | <input type="checkbox"/> Electronic mapping systems          |
| <input type="checkbox"/> Perpetual inventory                           | <input type="checkbox"/> Underground cable experience        |
| <input type="checkbox"/> Electrical hand tools                         | <input type="checkbox"/> Fiber splicing                      |
| <input type="checkbox"/> Electrical safety                             | <input type="checkbox"/> Network cabling                     |
| <input type="checkbox"/> Communication line construction & maintenance | <input type="checkbox"/> Network switching/routing           |
| <input type="checkbox"/> Active directory                              | <input type="checkbox"/> PC repair                           |

**PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY**

List special training or noteworthy achievements. Please also attach your resume.

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**ALL APPLICANTS**

List any training or special skills you have that are relevant to the position for which you are applying.

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List your membership in any professional or technical organizations that are related to the job requirements of the position for which you are applying. (Exclude those that may disclose your race, color, religion, sex (including pregnancy), sexual orientation, gender identity, age, national origin, disability, veteran status, political beliefs or union affiliations).

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**EMPLOYMENT RECORD (Most recent employer first)**

Dates	Name and Address of Employer	Job Title and Brief Description of Duties	Salary	Exact Reason for Leaving
From:			From:	
To:			To:	May we contact them?
	Phone:	Supervisor:		
From:			From:	
To:			To:	May we contact them?
	Phone:	Supervisor:		
From:			From:	
To:			To:	May we contact them?
	Phone:	Supervisor:		

**Attach additional sheets if necessary.**

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name and Occupation	Address	Phone Number

**IMPORTANT! READ THIS:**

**CERTIFICATION**

**I CERTIFY THAT ALL INFORMATION PROVIDED IN SUPPORT OF MY EMPLOYMENT WITH THE CORPORATION, INCLUDING BUT NOT LIMITED TO THIS APPLICATION, RESUMES, AND INFORMATION PROVIDED BY ME DURING INTERVIEWS, IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF RELEVANT FACTS IN SEEKING EMPLOYMENT WILL RESULT IN MY DISQUALIFICATION FROM FURTHER CONSIDERATION OR MY DISMISSAL FROM EMPLOYMENT REGARDLESS OF WHEN IT IS DISCOVERED. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE CORPORATION, AND I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF THE CORPORATION OR MYSELF. I FURTHER UNDERSTAND THAT NO PERSON IS AUTHORIZED TO MAKE ANY REPRESENTATION CONTRARY TO THE ABOVE STATEMENT UNLESS SUCH REPRESENTATION IS APPROVED BY THE BOARD OF DIRECTORS AND IS EMBODIED IN A WRITTEN AGREEMENT SIGNED BY THE CHAIRMAN OR THE PRESIDENT AND CEO OF THE CORPORATION. I FURTHER UNDERSTAND THAT IF OFFERED EMPLOYMENT, I WILL BE REQUIRED TO TAKE A PHYSICAL EXAMINATION AND THAT SUCH EXAMINATION WILL INCLUDE BLOOD, BREATH, URINE, OR SALIVA TESTS TO DETERMINE THE PRESENCE OR USE OF ALCOHOL OR ILLEGAL CONTROLLED SUBSTANCES.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date