



## INSTRUCTIONS FOR



# EMPLOYMENT APPLICATION

Please read and follow instructions to apply for employment at Tippah EPA. Applying for a position does not guarantee an applicant an interview or employment.

## ALL INFORMATION IS CONFIDENTIAL

### **Please follow these instructions:**

- This application is for various positions within Tippah EPA (including TEPAConnect). Please fill out all sections completely, even if you provide a resume. Any false information will be grounds for disqualification from consideration for employment.
- Please include a copy of your high school transcript.
- Seal application in provided envelope and return to Tippah EPA to take required 30-minute test.
- **Tests are on Tuesdays and Thursdays at 9:30 a.m. and 2:30 p.m.**  
No appointment needed.
- Do not drop off applications. Any application dropped off without taking the required test will be considered invalid.
- When you arrive, let one of our Customer Service Representatives know that you are here to take the test.
- Keep your application with you until a member of management comes to get you for the test.
- Please sign below confirming that you have read and understood application instructions.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

**TIPPAH ELECTRIC POWER ASSOCIATION IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER.**  
***All stages of the selection process will be free from any discrimination based upon an individual's race, sex, color, religion, national origin, age, veteran status, disability, or handicap. Applicants, who are considered for employment, are judged based on their job-related qualifications.***

*NOTE: This application for employment shall be considered active for a period not to exceed 24 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.*



**Personal References:**

***(Do not list relatives)***

Name and Occupation	Address	Phone Number

**Specialized Skills:**

*(Check all that apply.)*

<p><b>Inside Operation Skills:</b></p> <ul style="list-style-type: none"><li><input type="radio"/> Excel</li><li><input type="radio"/> Word</li><li><input type="radio"/> Power Point</li><li><input type="radio"/> Switchboard</li><li><input type="radio"/> Any other PC skills, please list on back of page.</li></ul>	<p><b>Outside Operation Skills:</b></p> <ul style="list-style-type: none"><li><input type="radio"/> Chain Saw</li><li><input type="radio"/> Tractor</li><li><input type="radio"/> Forklift</li><li><input type="radio"/> Aerial Bucket</li><li><input type="radio"/> Digger</li><li><input type="radio"/> Fiber Splicing</li></ul>
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**Other Qualifications:**

Summarize special job-related skills and qualifications acquired from employment or other experience. State any additional information you feel may be helpful to us in considering your application.

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List professional, trade, business, or civic activities and offices you have held.

*(You may exclude membership which would reveal gender, race, religion, national origin, age ancestry, disability, or other protected status.)*

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**Employment Experience :**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education and Training**

*(High School or College transcript is required with this application)*

Did you graduate from High School? Yes \_\_\_ No \_\_\_

If yes, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

If no, did you pass a G.E.D. test? Yes \_\_\_ No \_\_\_

Type of School	School Name & Address	Years or Number of credit hours completed.	Type of Diploma or Degree	Major Field of Study
High School				
College or Universtiy				
College or University				
Graduate Study				
Business or Trade School				
Licenses or Certification				

**Military Service Record**

Were you in U.S. Armed Forces? Yes \_\_\_ No \_\_\_ If Yes, date of discharge \_\_\_\_\_

Rank or Separation \_\_\_\_\_

Present membership in National Guard or Reserve \_\_\_\_\_

Describe any specialized training, apprenticeship, skills, and job-related training received in the military:

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**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING.**

I understand and agree that:

1. The information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, termination of employment.
2. Any offer of employment I may receive is contingent upon my successful completion of the Association's total pre-employment physical examination(s) of such nature and extent and time and by such physician(s) as the Association may require. I further agree that the examiner(s) shall be at liberty to and shall submit to you the report(s) on such examination(s). (The pre-employment screening process as well as any physical examination procedures, shall be conducted in accordance with the American With Disabilities Act.)
3. Possession or use of alcohol or illegal drugs at any time while on duty is strictly prohibited. Employees are also forbidden to engage in any sale or other transaction involving illegal drugs on the employer's premise. Violators will be subject to immediate discipline or discharge. In addition, any employee who is arrested for selling drugs while off duty may be discharged if convicted of a criminal offense. I hereby agree to submit to pre-employment drug screening and any drug testing as required by this Association at any time at the discretion of the Association as a condition of continued employment.
4. In submitting my application for employment, the Association may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, criminal record, and mode of living. In understand that upon written request to the company, I will be informed of whether and investigative consumer report was requested and given full information as to the nature and scope of this investigation.
5. I hereby authorize investigation of all matters contained in this application including all past and present employers, doctors, schools, or educational institutions, courts or police jurisdictions, personal references, or any other persons to answer all questions asked by the Association concerning my ability, character, reputation, educational record, previous employment record, or other matters pertinent to pre-employment investigation. I release all such persons, organizations or institutions or jurisdictions from any liability or damages because having furnished such information. (All inquiries as well as persons contacted shall be in accordance with the American With Disabilities Act).
6. In consideration of my employment, I agree to comply with policies, rules, regulations, and procedures of the Association. I understand that, if employed, my employment and compensation have no specific duration; instead it is based upon our mutual consent to continue the relationship. In consideration of my employment herein, I understand and acknowledge that notwithstanding anything contained in my work rules, policies, practices, procedures, and regulations, of the Association, all employment can be discontinued for any reason, with or without cause, and that no management official has authority to enter into any agreement contrary to the foregoing or make any oral assurance for promise of continued employment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_