



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 and TEPAConnect. Please fill out all sections *completely*, even if you provide a resume. Any false information will be ground for disqualification from consideration for employment.
- Seal application in provided envelope and return to Tippah EPA to take required 30-minute test on the scheduled test days.
- **Tests are on Tuesdays and Thursdays at 9:30 a.m. and 2:30 p.m.**
No appointment is needed.
- Do not drop off applications. Any application dropped off without taking the required test will be considered invalid.
- If you downloaded application from our website, you are still required to come in to test on scheduled test days.
- 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 the 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 considered based on their job-related qualifications.

APPLICATION FOR EMPLOYMENT

Date: _____ Position Applying For _____

Which company? (please circle) Tippah EPA or TEPACConnect

Personal Data (Required):

Name: _____
First Middle Last

Address: _____
Street/Road City State Zip Code

Phone Number: _____ Email Address: _____

Date of Birth: _____ Social Security Number: _____

Notice: Tippah EPA conducts Background Checks and Motor Vehicle reports on all applicants.

Are you lawfully employable full-time in the United States either by U.S. Citizenship or by obtaining the proper authorization from U.S. Immigration & Naturalization Service and the Department of Labor? **Yes or No**

Have you ever been employed with us before? **Yes or No** If Yes, give date _____

Are you currently on "lay-off" status and subject to recall? **Yes or No**

Are you currently employed? **Yes or No** If yes, may we contact your present employer? **Yes or No**

If hired, what date would you be available for work? _____

Have you ever been discharged from a job? **Yes or No** If Yes, why? _____

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

Do you have a valid Driver's License? **Yes or No** Regular _____ Commercial _____

Driver's License Number (Required): _____

State which Issued license (Required): _____

Have you ever had a Commercial Drivers License? **Yes or No**

What company or school did you attain your CDL? _____

NOTE: This application for employment shall be considered active for a period not to exceed 24 months from the date the application and test were submitted. If you believe it has been over 24 months since your application was submitted, you can contact our office at (662)837-8139 to inquire on its status .

Personal References: (Do not list relatives)

Name and Occupation	Address	Phone Number

Specialized Skills or 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. :

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.)

Education and Training

Did you graduate from High School? **Yes or No** If no, did you pass a G.E.D. test? **Yes or No**

Are you currently attending college? **Yes or No**

Type of School	School Name & Address	Year Completed	Type of Diploma or Degree	Major Field of Study
High School				
College or University				
Business or Trade School				
Licenses or Certification				

Are you related to any one who is employed by TEPA? **Yes or No**

If Yes, state name and relationship _____

Military Service Record

Did you serve in U.S. Armed Forces? **Yes or No** If Yes, date of discharge _____

Are you presently serving in the National Guard or Reserve **Yes or No**

Employment Experience (List 3 most recent employers) :

Employer: _____
Address: _____
Telephone Number(s): _____
Job Title: _____ Supervisor: _____
Work Performed: _____

Dates Employed: From _____ To: _____
Reason for leaving: _____

Employer: _____
Address: _____
Telephone Number(s): _____
Job Title: _____ Supervisor: _____
Work Performed: _____

Dates Employed: From _____ To: _____
Reason for leaving: _____

Employer: _____
Address: _____
Telephone Number(s): _____
Job Title: _____ Supervisor: _____
Work Performed: _____

Dates Employed: From _____ To: _____
Reason for leaving: _____

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. I understand that upon written request to the company, I will be informed of whether an 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 of 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 Mississippi is an at-will employment state, that my employment with the Association is not based in contract, and that if employed, my employment and compensation have no specific duration. 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, my 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.
7. I understand that by signing this application, Tippah Electric Power Association may conduct a background check and motor vehicle report as a part of being considered for employment.

Applicant's Signature: _____ Date: _____