



Bristol Tennessee Essential Services
Electric • Internet • Telephone • Cable

2470 Volunteer Parkway
PO Box 549
Bristol, TN 37621
423-968-1526
423-793-5545 (fax)

Employment Application

An Equal Opportunity Employer

Instructions: Please print clearly. Answer all questions accurately and completely. Your application will remain active for 12 months.

Date: _____ Date Available: _____

BTES drug tests ALL new employees. Drug testing by NTA, Inc.

Personal Data

Full Name (First, Middle, Last): _____

Address: _____

Best Contact Telephone Number:

()

City, State, Zip: _____

Telephone Number 8am-5pm:

()

Email: _____

Position desired: _____

Salary desired: _____

Type of employment desired: Full Time Part Time Temporary

Hours available: _____ Willing to work overtime? Yes No

Check days available: Mon Tues Wed Thurs Fri Sat Sun

Have you worked or attended school under any other name? Yes No

If yes, name(s): _____

Are you over 18 years of age? Yes No If not, give date of birth: _____

Are you eligible for employment in this county? Yes No

Are you able to meet the attendance requirement of BTES? Yes No

Who referred you to us? _____

Do you have a valid driver's license? Yes No

License Number: _____ State: _____ Expiration Date: _____

Have you been cited for any traffic violations or been involved in any vehicle accidents over the last five years? Yes No If yes, how many? _____

Have you been convicted of a crime? Yes No (a conviction will not necessarily bar employment)

If yes, explain: _____

Education / Training

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you receive a high school diploma? Yes No

If not, have you passed a high school equivalency exam? Yes No

| Type of School | Name and Address of School | Last Year Attended | Major | Degree | Overall Grade Point Average |
|--------------------|----------------------------|--------------------|-------|--------|-----------------------------|
| High School | | | | | |
| College/University | | | | | |
| College/University | | | | | |
| Business/Trade | | | | | |

Skills

Do you have skills dealing with the public? Yes No

If yes, explain: _____

Office

- Typing _____ WPM
- Switchboard
- Adding Machine
- Two-way radio
- AutoCad
- Computer (list software): _____
- _____
- _____
- _____

Field

- Backhoe
- Air tools
- Forklift
- Dump Truck
- Trencher
- Front-end loader
- Bucket Truck
- Hole Digger
- Boom Axe
- Crane
- Chain Saw
- Welder, Type _____

List any other skills, certifications, licenses, etc., that would qualify you for employment: _____

Military Record

| Service Branch | Initial Rank/Date | Final Rank/Date | Specialty |
|----------------|-------------------|-----------------|-----------|
| | | | |

Work related specialty training:

Retired? Yes No

Employment Record

List previous jobs starting with your present or most recent one. Please describe duties as completely as space allows. *(Attach separate sheet if needed).*

| | | | |
|---|----------------|-------|-----------------|
| Employer: | Dates Employed | | Work Performed: |
| Address: | From | To | |
| | | | |
| Telephone: _____ Supervisor Name: _____ | Salary | | |
| Job Title: | Starting | Final | |
| Reason for leaving: | | | |

| | | | |
|---|----------------|-------|-----------------|
| Employer: | Dates Employed | | Work Performed: |
| Address: | From | To | |
| | | | |
| Telephone: _____ Supervisor Name: _____ | Salary | | |
| Job Title: | Starting | Final | |
| Reason for leaving: | | | |

| | | | |
|---|----------------|-------|-----------------|
| Employer: | Dates Employed | | Work Performed: |
| Address: | From | To | |
| | | | |
| Telephone: _____ Supervisor Name: _____ | Salary | | |
| Job Title: | Starting | Final | |
| Reason for leaving: | | | |

State what you did in any periods not already covered including part-time, self employment or unemployment. *(Attach separate sheet if needed).*

| Dates | Name of Employer and Job Duties |
|--------------|---------------------------------|
| From To | |
| | |
| | |

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

References

Checking references is part of our pre-employment process. May we contact your present employer?

Yes No

List three people, preferably past supervisors, who can tell us about your qualifications. Do not include relatives.

| Name | Business Address | Telephone Number | Years Known |
|------|------------------|------------------|-------------|
| | | | |
| | | | |
| | | | |

Why would you like to work for BTES? _____

What has been your most interesting work? _____

What made it interesting? _____

Certification and Agreement

Please read carefully before signing:

1. I certify that the information provided in this application is true, complete and correct.
2. I understand and agree that any material omission or misrepresentation of information provided herein, or any resume I have supplied, will be justification for refusal of employment or, if employed, sufficient grounds for immediate termination.
3. I authorize the past employers, schools, all references and any other persons to answer all questions asked concerning my ability, character, reputation, credit and previous employment record and release them from liability for damages for giving this information.
4. I understand I must pass a post-job offer related physical examination including drug screening conducted by the company physician prior to final acceptance of employment and anytime, while employed, when requested.
5. I understand that my application is not a contract and cannot create a contract. If I am employed, I will comply with all orders, rules and regulations of BTES and will live within the service area of BTES.
6. I agree, if employed, that I will work faithfully and diligently, be careful and avoid accidents, come to work promptly and not be absent for any reason without prior notice to my supervisor.
7. I understand that BTES is an "at will" employer and that my employment could be terminated, with or without cause, at any time at the option of either BTES or myself.

Applicant's Signature

Date

To the Applicant:

To aid Bristol Tennessee Essential Services in its commitment to Affirmative Action, individuals are asked to voluntarily provide the following information. Your assistance is appreciated and will ensure the success of the Affirmative Action Program.

Name _____
 First Middle Last

Social Security Number _____

Date of Birth _____

Male Female

Disabled Yes No

Racial or Ethnic group (check one)

- Caucasian
- Black
- Hispanic
- Asian
- American Indian
- Other _____

The information provided will be used for statistical purposes only. Employment decisions will not be based upon whether or not you provide this information.