Employment Application

Lenoir City Utilities Board
7698 Creekwood Park Blvd.
Lenoir City, TN  37772
(844) 687-5282

Revised 07/13/18
APPLICATION FOR EMPLOYMENT

As an Equal Opportunity Employer, Lenoir City Utilities Board ("LCUB") considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or veteran status in employment opportunities and benefits in accordance with applicable federal and state laws.

Overview of the hiring process: This Application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, a demonstration of an ability to perform the essential functions of the job. If you need an accommodation in order to complete any part of the hiring and employment process, including this application, please call this number: (865) 988-0716.

— Answer the following questions accurately and completely. If more space is needed, use the backside of the last page.
— All applications for employment are a matter of public record.

PERSONAL INFORMATION

FULL NAME: ____________________________

PRESENT ADDRESS:
Street Address: _________________________
City: __________________________ City: __________________________
State: __________________________ State: __________________________
Zip: ______________________________ Zip: ______________________________

PREVIOUS ADDRESS:
Street Address: _________________________
City: __________________________ City: __________________________
State: __________________________ State: __________________________
Zip: ______________________________ Zip: ______________________________

TELEPHONE NUMBER: ____________________________ SS#:

MUST SPECIFY POSITION APPLYING FOR

Position(s) applying for: ____________________________ What salary is expected: ____________________________

Are you 18 years of age, or older? YES ______ NO ______

Are you lawfully eligible to be employed in the United States? YES ______ NO ______

(Proof of identity and employment eligibility in accordance with immigration laws will be required if you are hired)

Are you currently employed? YES ______ NO ______ or Laid-off YES ______ NO ______

On what date would you be available for work? ____________________________

Have you had any previous experience in the public utilities area? YES ______ NO ______

Have you ever applied for a job with LCUB before? YES ______ NO ______ If so, when? ____________________________

Have you ever been employed by LCUB before? YES ______ NO ______ If so, when? ____________________________

Do you have any relatives that are employed at LCUB? YES ______ NO ______ If so, please list their names and relationship:

List any educational, vocational or training courses, experiences, skills or qualifications which you feel would especially fit you for work with our Company:

Circle highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

List Diplomas and Degrees: ____________________________

Who referred you to LCUB? ____________________________

Name and phone number of person to contact in case of emergency: ____________________________

Have you ever plead guilty or no contest to or been convicted of a felony or Class I misdemeanor? YES ______ NO ______
If the answer to the criminal history question is "Yes", please give a complete explanation of the circumstances and reason(s) why your employment is appropriate in spite of such conviction.

(Note: Answering "yes" to the criminal conviction questions will not necessarily preclude your employment. We will consider the nature of the crime, its seriousness, whether it substantially relates to the functions and qualifications of the position applied for, the frequency of convictions, evidence of rehabilitation, the applicant's age at the time, the time elapsed from such convictions, and other relevant factors).

Have you served in the U.S. Armed Forces?  YES  NO  If so, what branch?

Date of Service: if yes, type of discharge:

PERFORMANCE OF ESSENTIAL DUTIES

Are you able to perform the essential functions of the job which you have applied for (note: you may be asked to demonstrate your ability to perform essential functions).

_____ YES, and I will not need reasonable accommodations in order to perform the essential functions.

_____ YES, and I will need reasonable accommodations in order to perform the essential functions. (If yes, please describe below).

Please describe any accommodations you will need in order to adequately perform the essential functions of the position:

EMPLOYMENT EXPERIENCE

Start with your present or last job and complete the following:

1. Employer: ____________________________  Address: ____________________________
   Telephone Number(s): ____________________________  Job Title: ____________________________
   Supervisor: ____________________________  Dates Employed (from/to): ____________________________
   Hourly rate/salary: Starting: ____________________________  Final: ____________________________
   Work Performed: ____________________________
   Reason for Leaving: ____________________________
   May we contact this employer?  YES  NO

2. Employer: ____________________________  Address: ____________________________
   Telephone Number(s): ____________________________  Job Title: ____________________________
   Supervisor: ____________________________  Dates Employed (from/to): ____________________________
   Hourly rate/salary: Starting: ____________________________  Final: ____________________________
   Work Performed: ____________________________
   Reason for Leaving: ____________________________
   May we contact this employer?  YES  NO

3. Employer: ____________________________  Address: ____________________________
   Telephone Number(s): ____________________________  Job Title: ____________________________
   Supervisor: ____________________________  Dates Employed (from/to): ____________________________
   Hourly rate/salary: Starting: ____________________________  Final: ____________________________
   Work Performed: ____________________________
   Reason for Leaving: ____________________________
   May we contact this employer?  YES  NO
REFERENCES
List below three persons that we may contact who would be willing to provide professional and/or character references (not former employers or relatives):

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IMPORTANT - READ CAREFULLY BEFORE SIGNING
In consideration of my hire and, if hired, of my continued employment, I agree that any claim or lawsuit relating to or arising out of my employment with LCUB must be filed no more than one hundred eighty (180) days after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary. I agree that claims based upon repeated or multiple occurrences of the same conduct (e.g., pay issues) do not extend the deadline established by this paragraph.

Applicant's Signature ___________________________ Date __________

APPLICANT’S CERTIFICATION AND AGREEMENT
(Please read carefully before signing below)

I hereby declare that the information provided in this application is true, accurate, and complete. I understand that any misstatement, misrepresentation (including omissions) for falsification of the information is grounds for refusal to hire, and for termination if discovered after being hired.

I hereby authorize LCUB to obtain all information from the references I have listed, or any other sources, concerning my prior employment, personal history, criminal background or related information. I also authorize LCUB to request, receive and verify all information given in this application except as specified, and release all parties from any liability that may result from furnishing such information to LCUB.

I understand that an offer of employment may be conditioned upon satisfactory completion of a pre-employment physical examination and related tests, including drug and alcohol testing, and agree to drug and alcohol testing as required by LCUB as a condition of continued employment. If I should be hired, I agree to conform to the rules, regulations, policies and procedures of LCUB.

I understand that this employment application and any other company document are not offers, guarantees or promises of employment. I understand and agree that no supervisor, manager or representative of LCUB, except the General Manager, has any authority to enter into any agreement for employment for any specific period of time and that any such agreement entered into by the General Manager will not be enforceable unless it is in writing.

I further understand that if I am offered employment, I will be required to furnish identification and employment eligibility as a United States citizen or legal alien.

Signature ___________________________ Date __________

This application for employment will be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this 180 day period should inquire as to whether or not applications are being accepted at that time and complete a new application.