

Employment Application



Albemarle Electric Membership Corporation

P.O. Box 69, Hertford, NC 27944

Careers@aemc.coop

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address

City State ZIP Code

Phone: (____) _____ E-mail: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? ☐ YES ☐ NO If no, are you authorized to work in the U.S.? ☐ YES ☐ NO

Have you ever worked for this company? ☐ YES ☐ NO If yes, when? _____

Will you travel if your job requires it? ☐ YES ☐ NO

Will you work overtime if required? ☐ YES ☐ NO If no, explain. _____

Have you ever been convicted of a crime? ☐ YES ☐ NO If yes, please provide date(s) and details. _____

Driver's license number (required): _____ State: _____ Class: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ YES ☐ NO Degree: _____

Employment

Current Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your current supervisor for a reference? ☐ YES ☐ NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? ☐ YES ☐ NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? ☐ YES ☐ NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References

Please list three professional references who are not related to you and are not previous supervisors.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____ Number of years known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____ Number of years known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____ Number of years known: _____

Are you related to anyone who works here? ☐ YES ☐ NO If yes, who? _____

Skills and Qualifications

Summarize any special training, skills, licenses, and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills: (List software and years of experience for each.)

Word Processing:	_____	Years of Experience:	_____
Spreadsheet:	_____	Years of Experience:	_____
Presentation:	_____	Years of Experience:	_____
E-mail:	_____	Years of Experience:	_____
Internet:	_____	Years of Experience:	_____
Other:	_____	Years of Experience:	_____

Disclaimer and Signature

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representative, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's general manager.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

****I Understand that this employer participates in the E-Verify program to confirm eligibility for all new hires in the United States.****

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT:

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature: _____ Date: _____

ALBEMARLE ELECTRIC MEMBERSHIP CORP. is an Equal Opportunity Provider and Employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov