



Utility Asset Management

EMPLOYMENT APPLICATION

If you are interested in applying for one of our positions, please complete this application mail it to:

Utility Asset Management, Inc. P.O. Box 235, Reynolds, GA 31076 or fax it to (678) 623-0282. For further information please call 478-847-2301

Date _____

Position applying for _____

Thank you for your interest in employment with Utility Asset Management, Inc. We offer equal employment opportunities to all persons without regard to race, color, religion, sex, age, national origin, disability, and veteran or any other legally protected status.

PERSONAL INFORMATION

Name _____

Current Address _____
(Street) (City) (State) Zip)

How long have you lived at this address? _____ Telephone No. _____

Previous Address _____ How Long? _____

Are you over 21 years of age? Yes ☐ No ☐ Do you have the legal right to work in the United States? Yes ☐ No ☐

Have you ever been convicted of a crime other than a minor traffic violation? Yes ☐ No ☐ If yes, explain: _____

Salary/Wage expected: _____

Do you have a Valid Driver's License? Yes ☐ No ☐

License Number and Expiration Date _____

Circle Class Type: A B C M P Do you have any other special training or skills? _____

Have you applied for a job with Utility Asset Management, Inc. before? Yes ☐ No ☐

Have you ever been employed by Utility Asset Management, Inc. before? Yes ☐ No ☐

If yes, list job(s) held and dates(s) of employment _____

List any friends or relatives employed by Utility Asset Management, Inc. Inc. _____

EDUCATION

SCHOOL NAME AND LOCATION	YEARS COMPLETED Please Circle	DIPLOMA/DEGREE	DESCRIBE COURSE OF STUDY OR MAJOR/ MINOR
ELEMENTARY	4 5 6 7 8		
HIGH SCHOOL	9 10 11 12		
COLLEGE	1 2 3 4		
OTHER (SPECIFY)			

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES (CIVIL, ATHLETIC, ETC.) _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS,
COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

US MILITARY OR NAVAL SERVICE _____ RANK _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

EMPLOYMENT HISTORYList each job held starting with your most recent employer, including military service assignments, and periods of
unemployment for the past ten years.

Employer _____ Supervisor _____

Address _____ Telephone No. _____ Date

of Hire _____ Starting Pay _____ Date Left _____ Last Pay _____

Job title and duties _____

Reason for leaving _____ May we contact this employer? Yes ☐ No ☐

Employer _____ Supervisor _____

Address _____ Telephone No. _____

Date of Hire _____ Starting Pay _____ Date Left _____ Last Pay _____

Job title and duties _____

Reason for leaving _____ May we contact this employer? Yes ☐ No ☐

Employer _____ Supervisor _____
Address _____ Telephone No. _____
Date of Hire _____ Starting Pay _____ Date Left _____ Last Pay _____
Job title and duties _____

Reason for leaving _____ May we contact this employer? Yes ☐ No ☐

Employer _____ Supervisor _____
Address _____ Telephone No. _____
Date of Hire _____ Starting Pay _____ Date Left _____ Last Pay _____
Job title and duties _____

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Employer _____ Supervisor _____
Address _____ Telephone No. _____
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Employer _____ Supervisor _____
Address _____ Telephone No. _____
Date of Hire _____ Starting Pay _____ Date Left _____ Last Pay _____
Job title and duties _____

Reason for leaving _____ May we contact this employer? Yes ☐ No ☐

Employer _____ Supervisor _____
Address _____ Telephone No. _____
Date of Hire _____ Starting Pay _____ Date Left _____ Last Pay _____
Job title and duties _____

Reason for leaving _____ May we contact this employer? Yes ☐ No ☐

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REFERENCES

Do not list relatives or former employers.

Name and Occupation	Address (include city, state & zip)	Telephone No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between Utility Asset Management, Inc., and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Utility Asset Management, Inc. unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Utility Asset Management, Inc. retains the same right.

I understand that prior to being offered employment with Utility Asset Management, Inc. I may be requested to take an examination. In the event I have a disability which will affect my ability to take the test, I will so inform Utility Asset Management, Inc., prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Utility Asset Management, Inc. reserves the right to require medical documentation concerning the need for the accommodation. I further understand that if an offer of employment is tentatively made to me, it is conditioned upon my successful completion of a medical examination, which may include screening for controlled substances. I also understand, that I may be asked to undergo a medical examination, including screening for controlled substances from time to time during my employment.

I understand that if employed, policies and rules, which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will kept on active file for 30 days from the date completed, after which time I would have to reapply in accordance with established company procedures.

Signature of Applicant

Date



Utility Asset Management

DRUG AND ALCOHOL USE

ZERO TOLERANCE POLICY

It is Utility Asset Management, Inc.'s desire to provide a drug-free, healthful, and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner.

Utility Asset Management, Inc. is a state certified Drug Free Workplace.

While on Utility Asset Management, Inc., premises and while conducting business related activities off Utility Asset Management, Inc. premises, no employee may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job **only** if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

Violation of this policy will lead to **immediate termination of employment** with Utility Asset Management, Inc.

Employees with questions or concerns about substance dependency or abuse are encouraged to discuss these matters with their supervisor or the President of Utility Asset Management, Inc., Inc. **Anita Clyne**

Signature of Acknowledgement

(Date)



Utility Asset Management

Pre-Employment Drug Testing Consent and Release Form

Policy

Utility Asset Management, Inc. is committed to providing a safe work environment for all employees. When employees are impaired due to the use of drugs or alcohol, they become a safety hazard to themselves and others in the workplace. Our company provides for a drug screen in support of a drug free workplace. Testing may include the examination of tissue, blood, breath, urine, hair or other products of the human body capable of revealing the presence of drugs or their metabolites or alcohol. Employees and job applicants may be required to submit to pre-employment, random, post-incident, periodic, follow-up, and reasonable suspicion testing.

Consent

I, _____, have been fully informed of the reason for a drug screen. I understand what I am being tested for, the procedure involved, and freely give my consent. I also understand that the results of a drug screen are considered as part of my employment, including being rejected as a candidate for employment or promotion. If hired, I consent to periodic and random alcohol/drug screening as part of my continued employment. If I am not hired as a result of a positive test, I will be given the opportunity to explain the reason.

Further, I freely and willingly consent to the disclosure of the screen results to the management of the company for use in internal communications. I herein, voluntarily release fully and forever discharge Utility Asset Management, Inc. any of its representatives, any laboratory or any facility and their representatives, which performs analyses, from any claim or liability arising from such tests, including, but not limited to the testing procedure, the analysis, the accuracy of the analysis or the disclosure of its results. I understand that the test results will become part of my employment record.

I understand the alcohol/drug screens may detect the presence of prescription drugs; therefore, it is important for me to disclose any prescription drugs I am using, or which I have used recently. I authorize the Company to contact the physician who prescribed medications reported by me. Further, I authorize the physician to provide information to the Company relevant to the reason for such prescription and information about its potential effect on my performance.

I have taken the following drugs or ingested the following alcohol/drug substance in the last ninety days.

Substance/Medication taken	Prescribed by	Amount (Dosage) and Date last taken
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I certify that I have accurately provided all requested information on this form. I understand that any inaccuracies or omissions, willful or unintentional is grounds for disciplinary action up to and including termination of my employment or my being denied employment at this company.

Signed: _____ Date: _____

Witness: _____

Verified by (required if test is positive): _____



Utility Asset Management

Motor Vehicle Reporting Release Form

I _____, give Utility Asset Management, Inc. The authority to get an outside agency to run a motor vehicle report on me, if I am being considered for employment and to get an outside agency to run a motor report annually as long as I am employed with Utility Asset Management, Inc.

Applicant:

Date

Signature