



Lexington Electric System  
92 South Main Street  
Lexington, TN 38351  
(731) 968-3662

**APPLICATION FOR EMPLOYMENT**  
**VALID FOR 90 DAYS FROM DATE OF APPLICATION**  
**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

POSITION PREFERRED \_\_\_\_\_ DATE \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EDUCATION**

High School \_\_\_\_\_

Graduate? \_\_\_\_ YES \_\_\_\_ NO DEGREE \_\_\_\_\_

College/University \_\_\_\_\_

Graduate? \_\_\_\_ YES \_\_\_\_ NO DEGREE \_\_\_\_\_

Business/Trade School \_\_\_\_\_

Graduate? \_\_\_\_ YES \_\_\_\_ NO DEGREE \_\_\_\_\_

Summarize your special skills or qualifications :

\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked for this company before? \_\_\_\_ YES \_\_\_\_ NO

If yes, give dates, locations, and positions:

Dates \_\_\_\_\_ Location \_\_\_\_\_ Position \_\_\_\_\_

Dates \_\_\_\_\_ Location \_\_\_\_\_ Position \_\_\_\_\_

Are you currently employed? \_\_\_\_ YES \_\_\_\_ NO

If yes, may we contact your current employer for reference? \_\_\_\_ YES \_\_\_\_ NO

Are you seeking a full-time position \_\_\_\_ or a part-time position \_\_\_\_?

\_\_\_\_ 1<sup>st</sup> Shift

\_\_\_\_ 2<sup>nd</sup> Shift

\_\_\_\_ 3<sup>rd</sup> Shift

\_\_\_\_ Overtime

\_\_\_\_ Weekends

**EMPLOYMENT HISTORY** (Most recent job first)

<b><i>Employer</i></b>	<b><i>Employed</i></b>	<b><i>Pay</i></b>	<b><i>Position</i></b>	<b><i>Reason for Leaving</i></b>
_____ Company _____ Address _____ City, State, Zip	From (mo/yr)  To (mo/yr)	Start \$ _____  Final \$ _____  Per (circle one) Hour Week Month Year	_____  <b><i>Name &amp; Title of Last Supervisor</i></b> _____	
_____ Company _____ Address _____ City, State, Zip	From (mo/yr)  To (mo/yr)	Start \$ _____  Final \$ _____  Per (circle one) Hour Week Month	_____  <b><i>Name &amp; Title of Last Supervisor</i></b> _____	
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**REFERENCES**

Give name, address, and telephone number of three references that are not related to you and are not previous employers.

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>

Are you a U.S. Citizen? \_\_\_\_ YES \_\_\_\_ NO

If no, do you have a work permit for the U.S.? \_\_\_\_ YES \_\_\_\_ NO

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? \_\_\_\_ YES \_\_\_\_ NO

If yes, give date and details for each offense:

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Although the system may keep this application on file indefinitely, this application will be considered current and active for ninety (90) days. If you wish to be considered for employment after that time, you must reapply.

***I certify that all of the information that I have provided on this application is true and accurate.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**EMERGENCY CONTACT INFORMATION**

Please list a person whom you wish to be contacted in the event of an emergency.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed  Yes  No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_

Department \_\_\_\_\_

By \_\_\_\_\_

Name and Title

\_\_\_\_\_  
Date

## NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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