



EMPLOYMENT APPLICATION

PERSONAL

Last Name:	First Name:	MI:	SSN/DL#:
Present Address:			
Home Phone:	Mobile Number:	E-mail:	
Permanent Address, if different from above:			

If hired, can you provide proof that you are legally able to work in the United States? YES NO

List any relatives or friends employed by FM Utility Resources, LLC or Fleming-Mason Energy: Relationship:

EMPLOYMENT

Position Desired:	Salary Desired:
What days and hours are you available for work?	
Are you available for overtime?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you over 18 years of age?	<input type="checkbox"/> YES <input type="checkbox"/> NO
When are you available to begin work?	
Are you able to perform the essential functions of the job for which you are applying?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>NOTE: FM Utility Resources, LLC (subsidiary of Fleming-Mason Energy Cooperative, Inc.) complies with the Americans with Disabilities Act and considers reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions.</i>	



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SKILLS

What knowledge, special skills, and/or individual capabilities do you have which especially prepare you for the position applied for? _____

EDUCATION

	NAME & LOCATION	# YEARS COMPLETED	GRADUATED?	DEGREE/ DIPLOMA	MAJOR OR FIELD OF STUDY
HIGH SCHOOL/ TRADE SCHOOL	_____		<input type="checkbox"/> YES	_____	
	_____		<input type="checkbox"/> NO	_____	
BUSINESS/ TECHNICAL SCHOOL	_____		<input type="checkbox"/> YES	_____	
	_____		<input type="checkbox"/> NO	_____	
COLLEGE/ UNIVERSITY	_____		<input type="checkbox"/> YES	_____	
	_____		<input type="checkbox"/> NO	_____	
OTHER TRAINING (EXPLAIN)	_____		<input type="checkbox"/> YES	_____	
	_____		<input type="checkbox"/> NO	_____	

EMPLOYMENT HISTORY

Please account for all employments within the last seven (7) years, beginning with your current or most recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g. volunteer experience, military service, experience gained over seven (7) years prior, etc.). Attach an additional sheet if extra space is needed.



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EXPERIENCE

Company:		Telephone:	
Address:			
Dates Employed:			
From:		To:	
Starting Salary:	_____	per	_____
Ending Salary:	_____	per	_____
Job Title:	_____		
Supervisor:	_____	Title:	_____
Job Duties:	_____ _____ _____ _____ _____ _____		
Current Employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
May we contact?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Reason for leaving:	_____ _____ _____		



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EXPERIENCE

Company: _____	Telephone: _____
Address: _____	
Dates Employed:	
From: _____	To: _____
Starting Salary: _____	per _____
Ending Salary: _____	per _____
Job Title: _____	
Supervisor: _____	Title: _____
Job Duties: _____	

Current Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Reason for leaving: _____	



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Company:		Telephone:	
Address:			
Dates Employed:			
From:		To:	
Starting Salary:	_____	per	_____
Ending Salary:	_____	per	_____
Job Title:	_____		
Supervisor:	_____	Title:	_____
Job Duties:	_____		

Current Employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
May we contact?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Reason for leaving:	_____		



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Starting Salary:	_____	per	_____
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Job Title:	_____		
Supervisor:	_____	Title:	_____
Job Duties:	_____ _____ _____ _____ _____ _____		
Current Employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
May we contact?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
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PERSONAL REFERENCES

Name:	Address:	Telephone:
Name:	Address:	Telephone:
Name:	Address:	Telephone:

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

This institution 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 SW, Washington, DC 20250-9410, by fax at (202) 690-7442 or by email at program.intake@usda.gov.



EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of FM Utility Resources, LLC, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have FM Utility Resources, LLC and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to FM Utility Resources, LLC and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize FM Utility Resources, LLC to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless FM Utility Resources, LLC, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if FM Utility Resources, LLC or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless said company, its company physician, and any testing laboratory FM Utility Resources, LLC might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Signature of Employee: _____

Date: _____

Employee's Name - Printed: _____

Company Representative: _____

Date: _____