



MT. CARMEL PUBLIC UTILITY CO.

Mt. Carmel Public Utility Co. Application for Employment

Thank you for your interest in employment with Mt. Carmel Public Utility Co. (MCPU). Please complete all sections of the application form so that your qualifications may be fully considered. It is the policy of MCPU to be in full compliance with all applicable federal and state non-discrimination and equal opportunity laws, orders, and regulations relating to race, color, sex, religion, disability, age, national origin, genetic information, or veteran status.

Position Desired: _____ Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Cell Phone: () _____ Other Message Phone: () _____

Email Address: _____

Date available to begin employment: _____ Salary desired: _____

If records are in another name(s), please list: _____

What type of employment are you seeking? (Check all that apply) Full-Time Part-Time Temporary

When are you available to work? (Check all that apply) Days Evenings Nights Weekends

Are you 18 years of age or older? (Individuals who are 14 – 17 years of age may be required to provide a work permit.)

Yes No

Are you legally eligible to be employed in the United States? (Proof of identity and eligibility will be required upon employment.)

Yes No If no, please explain: _____

How did you learn about this position? Ad Website Individual Please identify specifics: _____

Education

School	Name, City, State	Circle Last Year Completed	Degree		Course of Study
			Yes	No	
High School		9 10 11 12			
Business / Vocational School		9 10 11 12			
College – Undergraduate		1 2 3 4			
Graduate School		1 2 3 4			
Other		1 2 3 4			
Internships / Field Placements					

Professional Data (if applicable) Licensure, Certification, and/or Registration

Type	Registration / Certification / License Number	State(s)	Expiration Date

Computer / Keyboarding Skills (if applicable)

Keyboarding WPM: _____

On a scale of 0 – 5, with 0 indicating no experience and 5 indicating highly proficient, rate your expertise with the following:

Microsoft: ____ Word ____ Excel ____ PowerPoint ____ Access ____ Outlook

Please indicate any other software / computing skills you possess that would be applicable for the position for which you are applying: _____

Skills and Qualifications

Summarize special skills, experience and qualifications acquired from employment, membership in professional organizations or other experience that may qualify you to work for MCPU which may be in addition to your past education. (Exclude those which indicate race, color, sex, religion, disability, age, national origin, genetic information, or veteran status.)

Employment History

Beginning with your current / most recent employment, please complete the section below in full. Incomplete information could disqualify you from further consideration.

Company: _____ Job Title: _____ From: _____ to _____
(mo / yr) (mo / yr)

Address: _____ City / State / Zip: _____

Supervisor: _____ Phone Number: () _____ May we contact? ___ Yes ___ No

Duties: _____

Reason for Leaving: _____ Amount of notice given: _____

Company: _____ Job Title: _____ From: _____ to _____
(mo / yr) (mo / yr)

Address: _____ City / State / Zip: _____

Supervisor: _____ Phone Number: () _____ Email: _____

Duties: _____

Reason for Leaving: _____ Amount of notice given: _____

Company: _____ Job Title: _____ From: _____ to _____
(mo / yr) (mo / yr)

Address: _____ City / State / Zip: _____

Supervisor: _____ Phone Number: () _____ Email: _____

Duties: _____

Reason for Leaving: _____ Amount of notice given: _____

Company: _____ Job Title: _____ From: _____ to _____
(mo / yr) (mo / yr)

Address: _____ City / State / Zip: _____

Supervisor: _____ Phone Number: () _____ Email: _____

Duties: _____

Professional References

List individuals who can provide information about your employment, volunteer, or professional experiences. Please do not list supervisors who have already been identified on the previous page.

Name: _____

Company: _____

Occupation / Relationship: _____

Number of Years Known: _____

Message Phone: _____

Email: _____

Name: _____

Company: _____

Occupation / Relationship: _____

Number of Years Known: _____

Message Phone: _____

Email: _____

Name: _____

Company: _____

Occupation / Relationship: _____

Number of Years Known: _____

Message Phone: _____

Email: _____

Applicant Certification and Agreement

____ (initial) I certify that the information I have provided on this application is true and complete. I understand that any false or misleading statements or material omissions on my application, resume, other materials provided, or during an employment interview are cause for refusal of employment or, if employed, termination of employment.

____ (initial) I hereby authorize former and present employers as well as physicians, medical personnel, references, law enforcement representatives, the Department of Motor Vehicles, and others to provide or verify any information they have regarding me or my employment with them to an official representative of MCPU, and release them from any liability arising from the furnishing of any driving, employment history or medical information to MCPU, at either parties' option and will.

____ (initial) I authorize MCPU to make investigations and inquiries of my educational background and related matters as may be necessary in making an employment decision.

____ (initial) I further agree and understand that except as governed by existing federal, state or local law where applicable, if an offer of employment is made and if I accept such employment, said employment or offer of employment establishes no guarantee or promise of continued employment or set hours of work or any other obligation on the part of MCPU beyond pay for actual work performed at the agreed upon rate. I understand that the employment-at-will relationship may be terminated by either me or MCPU at any time without any specified notice or reason.

____ (initial) If hired, I agree to familiarize myself with MCPU's policies and understand that policies may be established and/or amended as is necessary.

____ (initial) I have read and understand the above.

Signature: _____ Printed Name: _____ Date: _____