



APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. It is our policy to comply with all applicable State and Federal laws prohibiting discrimination in employment based on race, age, color, sex, national origin, disability or other protected classification.

Name: _____ Date: _____

First Middle Last

Address: _____

Street City State Zip

Telephone Number: () Are you over age 18? Yes No

Are you authorized to work in the US on an unrestricted basis? Yes No

Have you ever been convicted of a felony? _____. If yes, please state the offense, location, date, and deposition: _____

How did you learn about GA 811 and/or this position: _____

Are you seeking: Full-time Part-time

Are there any hours, shifts or days you cannot or will not work? _____

Position applied for: _____

Salary desired: _____ Date available to start: _____

Have you ever worked for GA 811 before? _____ If yes, when? _____

EDUCATION	NAME & LOCATION OF SCHOOL	DEGREE/DIPLOMA
High School		
College/University		
College/University		
Trade/Vocational		
Other Training or Education		

In addition to your work history; what other experiences, skills, or qualifications would especially fit you for work with GA 811? _____

WORK HISTORY

May we contact your present employer? Yes No

List names of all employers in consecutive order with present or last employer listed first. Account for all periods of time including any periods of unemployment. If self-employed, give firm name and supply a business reference.

Most Recent Employer: _____

Address: _____

Street City State Zip
Telephone Number: () _____ Supervisor: _____

Dates Employed: From: _____ To: _____

Starting Position: _____ Leaving Position: _____

Description of Duties: _____

Reason for Leaving: _____

Most Recent Employer: _____

Address: _____

Street City State Zip
Telephone Number: () _____ Supervisor: _____

Dates Employed: From: _____ To: _____

Starting Position: _____ Leaving Position: _____

Description of Duties: _____

Reason for Leaving: _____

Most Recent Employer: _____

Address: _____

Street City State Zip
Telephone Number: () _____ Supervisor: _____

Dates Employed: From: _____ To: _____

Starting Position: _____ Leaving Position: _____

Description of Duties: _____

Reason for Leaving: _____

PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would contradict the facts disclosed on this application.

I authorize my previous employers and schools to give any information regarding employment or educational record. I agree that GA 811 shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions, or answers made by me on this application. If I am employed with GA 811, I will comply with all rules and regulations as set forth in any communication distributed to employees.

I further understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice by me or the company.

I hereby acknowledge that I have read and understand the above statements.

Applicant's Name (Printed)

Date

Applicant's Signature



TO: GA 811 APPLICANTS

RE: DRUG-FREE WORK PLACE

In recognition that substance abuse constitutes a serious threat to our Company's goals of providing a safe and productive workplace for you and all of our associates; it is the policy of our Company to maintain a drug-free workplace through the implementation of a Drug-Free Workplace Program.

Accordingly, once a conditional offer of employment has been extended to you, you will be expected to submit a urine sample to our designated occupational health services collection facility at a pre-arranged date, time and location.

If you test positive for illegal drugs (not including drugs taken under the supervision of a licensed health care professional or other usage authorized un the Controlled Substance Act, or other applicable provisions of State or Federal Law) YOU WILL NOT BE HIRED!

Additionally, once you test positive for illegal drugs as described above you may not re-apply for employment with the company for a period of at least six (6) months following notification of a confirmed positive test result. At the completion of six (6) mouths and to the availability of a position, an individual may re-apply for employment upon satisfactory proof (from a licensed rehabilitation facility, and Employee Assistance Program, or other reliable health care practitioner) that the individual has ceased the use of any/all illegal drugs. An applicant that re-applies under these circumstances will not necessarily be hired.

ACKNOWLEDGEMENT OF RECEIPT:

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

Applicant's Name (Printed)

Date

Applicant's Signature

Utilities Protection Center, Inc. d.b.a. Georgia 811
VOLUNTARY INVITATION TO SELF-IDENTIFY
For Applicant or Employee

Qualified applicants are considered for employment without regard to race, color, national origin, genetic information, religious beliefs, sex, gender identity, sexual orientation, age, marital status, pregnancy, disability, protected veteran status, or any other protected characteristic.

This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite qualified applicants to voluntarily self-identify their race or ethnicity, sex, and veteran status (if applicable). Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. **The information you submit will be kept confidential** and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name _____

Address: _____

Position Applied For: _____

Male Female

Please select only one of the choices below: (Explanations of these categories are listed on the 2nd page of this form)

Ethnicity: Hispanic or Latino

Race: White (not Hispanic or Latino)
 American Indian or Alaskan Native (not Hispanic or Latino)
 Black or African American (not Hispanic or Latino)
 Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
 Asian (not Hispanic or Latino)
 Two or more races (not Hispanic or Latino)

Declines Self-Identification

SPECIAL NOTICE TO PROTECTED VETERANS:

Regulations issued by the U.S. Department of Labor with respect to Vietnam Era veterans and other protected veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary and confidential basis for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

If you believe you belong to any of the categories of protected veterans, listed on the 2nd page of this form, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I identify as one or more of the classifications of protected veterans
 I am not a protected veteran

Signature: _____

Date: _____

This form should be completed and returned to Utilities Protection Center, Inc. as soon as possible.

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Utilities Protection Center, Inc. d.b.a. Georgia 811
VOLUNTARY INVITATION TO SELF-IDENTIFY
For Applicant or Employee

Please return to: Robert Murphy bmurphy@georgia811.com

EXPLANATION OF THE CATEGORIES:

- **Hispanic or Latino:** A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, and of the White Race.
- **White:** A person having origins in any of the original peoples of Europe, North Africa or the Middle East
- **Black (or African American):** A person having origins in any of the black racial groups of Africa.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **Two or More Races (Not Hispanic or Latino) -** All persons who identify with more than one of the above five races.

PROTECTED VETERANS

- **Disabled Veteran** is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability
- **Recently Separated Veteran** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- **Active Duty Wartime or Campaign Badge Veteran** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- **Armed Forces Service Medal Veteran** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

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41 CFR 60-300 Applicant / Employee