



## Job Application Instructions

Please fill out the job application form and drug free workplace form and submit them to:

Fax: 770.623.1847

Attention: Wendi Clark

Or Email to: [employment@gaupc.com](mailto:employment@gaupc.com)



To: UPC 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 prearranged 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 under 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) months 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



## 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 U.S. 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 Utilities Protection Center 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 our Company 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 our company? \_\_\_\_\_

### 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: \_\_\_\_\_  
Month / Year Month / Year

Starting Position: \_\_\_\_\_ Leaving Position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

---

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
street city state zip

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month / Year Month / Year

Starting Position: \_\_\_\_\_ Leaving Position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

---

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
street city state zip

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month / Year Month / Year

Starting Position: \_\_\_\_\_ Leaving Position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_

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 Utilities Protection Center 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 Utilities Protection Center, 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