



In compliance with TCA § 39-17-1803(a), which prohibits smoking in all NES buildings and vehicles, smoking is ONLY allowed in designated areas outside of the building.

EMPLOYMENT APPLICATION

Equal Opportunity Affirmative Action Employer

1214 Church Street, Nashville TN 37246
Staffing Office: 615-747-3676
NES Job Line: 615-747-3782
www.nespower.com

How did you find out about employment opportunities with NES?

- Job Line NES Website
- Job Fair NES Employee
- Advertisement: Internet or Newspaper
- Other: _____

IMPORTANT INSTRUCTIONS:

1. Please use a PEN to complete the Employment Application.
2. This application is part of the examining process and any false or incomplete information may be grounds for disqualification.
3. Proof of education is required in connection with this application.
4. Applicants will be considered for employment without regards to race, gender, religion, national origin, physical disability, or age.
5. Only candidates identified to continue in the selection process will be contacted.

If you need assistance or a reasonable accommodation in order to complete this application, please see a Staffing Representative or call NES at (615)747-3676.

PERSONAL DATA

DATE: _____ / _____ / _____
Month Day Year

NAME: _____
Last First Middle

ADDRESS: _____
Number and Street City State Zip Code

HOME PHONE: () _____ CELL PHONE: () _____ Email: _____
Area Code & No. Area Code & No.

SOCIAL SECURITY NUMBER: _____ - _____ - _____ Are you at least 18 years of age? YES NO

Do you have a valid Driver's License? YES NO
Driver's License Number Class Issuing State

Position for which you are applying (Please be specific): _____

INTERESTED IN: Full-Time Part-Time Summer Work Internship/Co-op

Please CHECK "YES" or "NO" to the following questions. If you CHECK "YES" to any question, please give complete details in the space provided, and if additional space is needed, please ATTACH a separate sheet with the details. Identify the question number for each explanation.

1. Have you ever been employed by Nashville Electric Service? If yes, state your job classification, dates of employment, and name used if different from above. YES NO
EXPLANATION: _____

2. Do you have any relatives currently employed by Nashville Electric Service? Due to a Nepotism Policy, please list their name(s) and relationship to you. (A relative is defined as a person who is connected with another or others by blood or marriage.) YES NO
EXPLANATION: _____

3. Do you have the legal right to work in the United States? If not, please EXPLAIN. YES NO
EXPLANATION: _____

4. Have you ever served in the Armed Forces, Military Reserve, or National Guard? If yes, state branch of service, service dates, and any job-related training you received. YES NO
EXPLANATION: _____

5. Have you ever been convicted, forfeited bond, or are you currently on probation for any felony in a court of law or general court martial? (A felony is defined as an offense punishable by imprisonment for a term exceeding one year.) YES NO
 EXPLANATION: _____

6. Have you ever been convicted, forfeited bond, or are you currently on probation for any misdemeanor in a court of law or general court martial? (A misdemeanor is defined as an offense punishable by fine and/or imprisonment for a term not exceeding 11 months and 29 days.) YES NO
 EXPLANATION: _____

NOTE: (Items 5 & 6) A conviction record may not always be considered grounds for disqualification, but will be weighed relative to the position being sought. Also, please be advised that in some states, certain traffic violations may be charged as a misdemeanor. If you have any doubt as to the disposition and/or classification of an offense, please contact the state/judicial authority.

NOTE: FOR PURPOSES OF COMPLETING THE REMAINDER OF THIS APPLICATION:
 List any other name(s) NES should be aware of in order to adequately check your past employment or educational history.

Other Names Used: _____

EDUCATION AND TRAINING

NOTE: Your listing of education beyond that required of the position applied for is optional.

Did you receive a high school diploma? YES <input type="checkbox"/> NO <input type="checkbox"/>		If not, have you passed a high school equivalency exam? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Type of School	School Name, City and State	Years or no. of credit hours completed	Type of Diploma or Degree	Major Field
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE STUDY				
TECHNICAL INSTITUTE				
BUSINESS OR TRADE SCHOOL				
OTHER				

List all specialized skills, licenses and/or areas of certification:

NOTE: Please ATTACH verification of education or training such as, certificates, diplomas, licenses, transcripts, letters of recommendation, etc.

Are you bi-lingual? (If so, list languages and proficiency level(s):

EMPLOYMENT RECORD

START WITH YOUR PRESENT OR MOST RECENT JOB, AND IN REVERSE ORDER LIST AND DESCRIBE FULLY THE JOBS YOU HAVE HAD DURING THE PAST TEN YEARS. (A resume may be attached to the application; however, the major responsibilities and other requested information for each job MUST be listed on this application.)

1. **Employer** _____ From _____ to _____
Mo. Yr. Mo. Yr.

Address _____ Telephone No. _____
No. & Street City State/Zip

Position/Title: _____ Present salary \$ _____ per _____

Name and title of immediate supervisor _____

DESCRIBE FULLY YOUR MOST IMPORTANT DUTIES AND RESPONSIBILITIES:

Reason for Leaving or Considering Change: _____

2. **Employer** _____ From _____ to _____
Mo. Yr. Mo. Yr.

Address _____ Telephone No. _____
No. & Street City State/Zip

Position/Title: _____ Ending salary \$ _____ per _____

Name and title of immediate supervisor _____

DESCRIBE FULLY YOUR MOST IMPORTANT DUTIES AND RESPONSIBILITIES:

Reason for Leaving or Considering Change: _____

3. **Employer** _____ From _____ to _____
Mo. Yr. Mo. Yr.

Address _____ Telephone No. _____
No. & Street City State/Zip

Position/Title: _____ Ending salary \$ _____ per _____

Name and title of immediate supervisor _____

DESCRIBE FULLY YOUR MOST IMPORTANT DUTIES AND RESPONSIBILITIES:

Reason for Leaving or Considering Change: _____

4. **Employer** _____ From _____ to _____
Mo. Yr. Mo. Yr.

Address _____ Telephone No. _____
No. & Street City State/Zip

Position/Title: _____ Ending salary \$ _____ per _____

Name and title of immediate supervisor _____

DESCRIBE FULLY YOUR MOST IMPORTANT DUTIES AND RESPONSIBILITIES:

Reason for Leaving or Considering Change: _____

FOR EQUAL EMPLOYMENT OPPORTUNITY IDENTIFICATION RECORDS ONLY

This Questionnaire is to be completed by all persons making application for employment with Nashville Electric Service. As an equal opportunity employer, NES maintains records of its applicant flow. The information requested below will be retained for Data Collection Purposes, and will not be forwarded outside this office for pre-screening or pre-employment interviewing purposes.

PLEASE PRINT

NAME _____
Last First Middle or Maiden

SEX Male Female

RACE White Black Hispanic

Asian or Pacific Islander American Indian or Alaskan Native

Other

SIGNATURE _____

DATE _____

NOTE TO APPLICANT: Should you request that prior experience outside of Nashville Electric Service be used for qualifying experience during the application process, you will need to present this form to your former employer for completion and attach to your employment application, along with applicable job description(s).

APPLICATIONS ARE KEPT ACTIVE FOR ONE YEAR FROM DATE OF SUBMISSION. PLEASE RETAIN COPIES OF ALL ATTACHMENTS FOR FUTURE USE OR REFERENCE.

VERIFICATION OF WORK EXPERIENCE



Date: _____

Name of Individual: _____

Social Security Number _____
(last four digits)

Individual's Signature _____

_____ Date

A request is being made to verify previous **work experience** at your organization. This Verification of Work Experience is necessary to be considered for an application made to Nashville Electric Service.

Name of Organization: _____

Contact Telephone #: _____

Street Address: _____

City, State, Zip Code: _____

1. The individual named above worked from _____ month/year to _____ month/year

2. The job title of this individual was: _____

3. Attach applicable job description(s) which was in effect during the above time frame. In absence of job description(s), please describe the primary core job duties and responsibilities that the individual routinely and consistently performed. (You may use this sheet or attach additional documentation). **Any attachments must be signed by the individuals below including company job description(s).**

Complete only if no Job Description is Available

1.	
2.	
3.	
4.	
5.	

If the individual named above held more than one job title in your organization, please complete an additional "Verification of Work Experience" form.

PLEASE ATTACH BUSINESS CARDS FOR INDIVIDUALS SIGNED BELOW

Human Resources Executive Management or above Date

Responsible Manager Date

Please sign below if job description is not available

Human Resources Executive Management or above Date

I certify that our organization does not have/or had written job description(s) that can be included with this request.

Two levels of signatures are required for this form to be valid.

6/01/09