



APPLICATION FOR EMPLOYMENT

An
Equal
Opportunity
Employer

All statements made by applicants for employment on this application form will be checked for accuracy. NU offers equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, sex, national origin, citizenship status, physical or mental disability, or past, present, or future service in the Uniformed Services of the U.S., or any other legally protected status. The use of this form does not mean there are positions open and does not obligate us in any way.

PERSONAL INFORMATION

Name (Print): _____ Home or Nearest Phone: _____

Alternate Phone Number: _____

Present Address: _____ Social Security No: _____

(City) (State) (Zip)

Contact In Case of Emergency: _____ (Name) _____ (Telephone Number)

If at present address less than one year, please give previous address. _____

Are you at least 18 years of age? Yes No (Employment is subject to verification of minimum legal age.)

Can you produce documented proof of your identity and eligibility for employment in the United States? Yes No

(Examples: Driver's License, Social Security Card, Birth Certificate, and/or Immigration and Naturalization Service Documents)

If position applied for requires driving, please provide the following:

Driver's License Number _____ State of issuance _____ Expiration Date _____ Class _____

List below any relatives employed by Newport Utilities:

Name _____ Relationship _____

Have you ever applied for a job with NU in the past? Yes No if yes, please give the date of application and the position for which you applied. State your name at that time, if different from present name: _____

Position(s) applied for: _____ How soon could you report to work? _____

Type of employment desired Full-Time Part-Time Temporary Rate of pay Expected? _____

What days and hours, if part-time? Days: _____ Hours: _____ From () AM to () PM

EDUCATION

Type of School	Name and Address of School	Field of Study	Check Last Year Completed	Show Degree Obtained
Elementary/Middle			<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Post Graduate				

Have you ever worked for us before? Yes No

How did you come to apply? Employee Referral Former Employee Newspaper Ad Walk-In

Other: _____

Have you ever been bonded? Yes No Have you ever been refused a bond? Yes No

If Yes, state reason and date: _____

Have you ever been convicted of a violation of the law except a minor traffic violation? Yes No If Yes, state date, court, and place where offense occurred: _____

(A conviction will not necessarily disqualify you from employment)

Have you ever been discharged or requested to resign from a position? Yes No

Are you employed now? Yes No If Yes, may we contact your present employer? Yes No

Have you ever held a position of trust (handling money or confidential material)? Yes No

If Yes, describe: _____

Do you have a reason to believe that you would have difficulty meeting Newport Utilities work schedules? Yes No

PRIOR WORK RECORD (Start with the most recent or present employer and complete in full.)

1. Name and Address of Most Recent Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Name and Address of Former Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Name and Address of Former Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide any additional information such as special skills, training, experience, equipment operation, or other qualifications you feel will be helpful to us in considering your application. _____ _____ _____		

REFERENCES		
(Do not list relatives or former employers)		
Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

Job Applicant's Agreement and Certification	
<p>"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements. I authorize past employers, all references, and any other person to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."</p> <p>"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company retains the same right."</p> <p>"If I am offered employment, I agree to submit to a physical examination whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with my company policies and procedures."</p> <p>"I understand that a background check may be required for certain positions."</p> <p>"I understand that NU is a smoke-free workplace in compliance with the Non-Smokers Protection Act of Tennessee and, in accordance with that law and NU Company Policy, smoking is prohibited in enclosed areas of NU property and all Company vehicles."</p> <p>"I understand that NU is a drug-free workplace and that I will be governed by NU's drug-free workplace policy. I understand that if employed, policies and rules which are issued are not conditions of employment and that NU may revise policies or procedures in whole or in part, at any time"</p>	
_____ (Signature of Applicant)	_____ (Date)

VETERAN'S PER- AND POST-OFFER SELF-IDENTIFICATION FORM

1. This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) which requires Government contractors to take affirmative action to employ and advance in employment protected veterans categories as follows:

- **DISABLED VETERAN** is either (1) 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 (2) a person who was discharged or released from active duty because of a service-connected disability.
- **REVENTLY SEPARATED VETERAN** is 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** is 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 was been authorized under the laws administered by the Department of Defense.
- **ARMED FORCES SERVICE MEDAL VETERAN** is 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*.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with the VEVRAA. Please check as appropriate:

I identify as one or more of the classifications of protected veteran listed above

I am not a protected veteran

I do not wish to answer

3. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Print Name

Date

Signature

Job Title

APPLICATION VOLUNTARY SOLICITATION - FOR RECORD KEEPING ONLY

Applicants and employees are treated during the hiring process and employment tenure without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, citizenship, age, veteran status, disability, genetic information, or any other legally protected status.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports may be made to the government on the following information. Your completion of this Data Record is voluntary. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and **are not** a part of your Application for Employment or personnel file. **Please note:** YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please Print)

Date _____

Name:
Social Security No.:
Job Applying For:
Check One: Male Female
Check One Of The Following: (Race/Ethnicity)
<input type="checkbox"/> White
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Two or more races
<input type="checkbox"/> I decline to disclose

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
No, I do not have a disability and have not had one in the past
I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire: