



Application for Employment

Date Received:	Time Received:	Received By (Initials):
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We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, veteran status, or any other legally protected status.

Primary Position Applied For:		Date of Application:	
Last Name:	First Name:	Middle Name:	
Address:		City:	State: Zip Code:
Telephone Number(s) Where You Can Be Reached:	E-Mail:	Social Security Number:	
Home:	Home:		
Work:	Work:		
Cell:	Other:		
Are you at least 18 years of age?		Yes	No
Do you have any relatives employed by the Utility? <small>(If yes, please list.)</small>		Yes	No _____
Have you ever filed an application with us before? <small>(If yes, give dates.)</small>		Yes	No _____
Have you ever been employed with us before? <small>(If yes, give dates.)</small>		Yes	No _____
Are you currently employed?		Yes	No
May we contact your present employer?		Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? <small>(Proof of citizenship or legal ability to work will be required upon employment.)</small>		Yes	No
Are you a military veteran?	Yes No		
Are you available to work:	Full Time?	Part Time?	Shift Work? Temporary / Seasonal?
Are you currently on layoff status and subject to recall?		Yes	No
Can you travel if a job requires it?		Yes	No
Have you been convicted of a felony within the last 7 years? <small>Conviction will not necessarily disqualify an applicant from employment.</small>		Yes	No
If yes, explain: _____			
List all positions for which you are qualified and in which you have an interest:		On what date would you be available for work? _____	
How did you learn about this job opening?	Recruiter Magazine Ad	Newspaper Ad Web Site	Employment Agency Friend / Relative / Employee
			Walk-In Other

HENDERSON MUNICIPAL POWER & LIGHT IS AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate School				
Graduate School				
Other (Specify)				

Describe any specialized training, apprenticeship(s), skills, and any extra-curricular activities.

Describe any experience or training received in the United States military applicable to this job.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or experience.

Employment Experience

All items must be completed. Attaching or enclosing a resume without completing the application form is insufficient and will not be accepted.

List your present or last job first. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, disability, or other protected status.

1.	Employer	Date Employed: From	To	
	Address	Beginning Wage:	Ending Wage:	
	Telephone Number(s)	Work Performed:		
	Job Title			Supervisor
	Reason for Leaving			
2.	Employer	Date Employed: From	To	
	Address	Beginning Wage:	Ending Wage:	
	Telephone Number(s)	Work Performed:		
	Job Title			Supervisor
	Reason for Leaving			
3.	Employer	Date Employed: From	To	
	Address	Beginning Wage:	Ending Wage:	
	Telephone Number(s)	Work Performed:		
	Job Title			Supervisor
	Reason for Leaving			
4.	Employer	Date Employed: From	To	
	Address	Beginning Wage:	Ending Wage:	
	Telephone Number(s)	Work Performed:		
	Job Title			Supervisor
	Reason for Leaving			

If you need additional space, please continue on a separate piece of paper and attach.

Job descriptions for jobs currently advertised are available upon request. These job descriptions contain information about the essential functions of the job(s) for which you are applying. Do not answer the following question unless you have been informed about the qualifications required in the job(s) for which you are applying.

Are you capable of performing the activities involved in the job(s) for which you have applied in a reasonable manner? Yes No

All items must be completed. Attaching or enclosing a resume without completing the application form is insufficient and will not be accepted.

Additional Information

Specialized Skills

Check Skills / Equipment / Machines Operated or Licenses You Possess

PC ___ Data Entry Speed (CPM) Calculator Fax Switchboard Copier Other (Please List) _____ _____ _____	Word Excel Access Powerpoint Outlook Desktop Publishing (List) _____ InfoPath Other (Please list) _____	Production / Mobile Machinery (List): _____ _____ _____ _____ _____ _____ _____	Licenses / Certifications (List): PE / State: _____ Welding EMT CDL / Class: _____ Other (Please list) _____ _____ _____
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References

You must provide at least three. Do not list former employers, supervisors, or family members.

Name _____	Telephone Number _____
Address _____ City _____ State _____	Zip Code _____
Name _____	Telephone Number _____
Address _____ City _____ State _____	Zip Code _____
Name _____	Telephone Number _____
Address _____ City _____ State _____	Zip Code _____

Drug & Alcohol Testing Notification

Henderson Municipal Power & Light (HMPL) requires drug testing for all applicants prior to employment. HMPL also requires alcohol testing in certain situations for safety-sensitive employees which includes all positions which require a Commercial Drivers License (CDL). HMPL is prohibited from assigning or employing any individual who tests positive for prohibited drug use. Your signature below indicates that you are aware of and understand this regulation.

Your application is incomplete if this notice is not signed and dated. Incomplete applications will not be processed.

Signature _____ Date _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I affirm that I have a genuine intent of employment and no other purpose in applying for a job with HMPL. This application for employment shall be considered active for a period of time not to exceed one year.

I understand that false or misleading information given in my application material or interview(s) may result in disqualification from consideration, or if employed, discharge. I understand that I am required to abide by all rules and regulations of HMPL (the employer). I understand that the needs of the employer may make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work schedule other than Monday through Friday, and I agree to and accept these conditions.

Signature _____ Date _____



JOB CLASSIFICATION TITLES

To apply for employment with Henderson Municipal Power & Light, you must be specific as to the job for which you wish to apply. Completing the *Position Applied For* section of the application by listing wording such as "anything available" or "any" will not be acceptable. Find the job you wish to apply for from the listing below and then print the job title on your application exactly as it is printed on this list. Incomplete applications will not be processed.

Accounting Technician

Administrative Assistant

**Administrative Assistant to the
General Manager**

Apprentice Line Worker

Communications Director

Communications Technician

Communications Technician, Senior

Comptroller

Crew Leader

Dispatcher / CAD Technician

Dispatcher / Inventory Control

Engineering Technician

Engineering Supervisor

General Manager

Human Resources Director

Journey Line Worker

Line Supervisor

Mechanic

Meter Technician

Power Plant Coordinator

Power Production Director

Office Assistant

Stock Room Clerk

Substation Technician

System & Network Administrator

Transmission & Distribution Director



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

TO ALL APPLICANTS FOR EMPLOYMENT:

The release consent form below will be provided to investigators or consumer reporting agencies as your permission to obtain pertinent information related to your application for employment with Henderson Municipal Power & Light. By my signature below:

I, _____ hereby authorize any investigator, any duly accredited representative of Henderson Municipal Power & Light (the Utility), any authorized agent of a criminal justice agency, or any private agency acting upon request of the Utility, bearing this release to obtain full and complete disclosure of the records of: educational institutions; financial or credit institutions, including records of loans, the records of commercial, consumer, or retail credit agencies (also including credit reports and ratings), and other financial statements and records wherever filed; employment and pre-employment records, including background reports, performance evaluations, complaints or grievances filed by or against me; and the records and recollections of Attorneys-at-Law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have an interest. After a conditional offer of employment, I also authorize full and complete disclosure of the records of any medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the United States Veterans Administration.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered only in determining my suitability for employment by the Utility, and that none of the information obtained may be released by the Utility to anyone else without my written permission. I also certify that any person or persons who may furnish such information concerning me shall not be held accountable for giving truthful information and I do hereby release said person or persons from any and all liability for damages of whatever kind or nature which may at any time result to me which may be incurred on account of compliance, or any attempts to comply, with this authorization.

A copy of this release form will be valid as an original thereof even though the copy does not contain an original writing of my signature.

YOUR RIGHTS include, but are not limited to: prior to an adverse employment decision which is based in whole or in part on the information included in a Consumer Reporting Agency (CRA) report, you are entitled to a free copy of your file from the CRA to include each piece of information in the report, and in most cases, the sources of that information. You must be told if information in your file has been used against you. You also have the right to be told the name of anyone who received such a report on you during the past two years. You have the right to dispute directly with the CRA the accuracy or completeness of any information provided by the CRA. You have the right to ask for a credit score. Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Consumer reporting agencies may not report outdated negative information. Access to your file is limited and you must give your consent for reports to be provided to employers. You may seek damages from violators. Identity theft victims and active duty military personnel have additional rights (visit www.ftc.gov/credit).

Para informacion en espanol, visite www.ftc.gov/credit, o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

Signature	Date			
Address	City	County	State	Zip Code
SSN				

Conditional Offer of Employment Made: YES NO



NOTIFICATION OF INQUIRY FROM CONSUMER REPORTING AGENCY

Date: _____

TO ALL APPLICANTS FOR EMPLOYMENT:

This is to advise you that Public Law 91-508 requires us to inform you that an inquiry may be made and a report may be prepared by a consumer reporting agency at our request. If requested, this report will provide applicable information concerning your character, general reputation, personal characteristics, credit, and mode of living; this information may be obtained through personal interviews with those persons who may have knowledge concerning any such item of information, or by other means.

This inquiry is of a routine nature. Within a reasonable time, you may request additional information as to the nature and scope of any such inquiry so ordered if the investigation adversely affects your employment opportunity with Henderson Municipal Power & Light. Please direct any such request to:

Human Resources Director
Henderson Municipal Power & Light
PO Box 8
Henderson KY 42419-0008

By my signature below, I hereby affirm that I have been properly notified that a report may be prepared by a consumer reporting agency as a part of my application process with Henderson Municipal Power & Light.

Print Name

Signature

Date



EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM

Providing the information requested below is voluntary.

Henderson Municipal Power & Light is an Equal Opportunity Employer. To assist us in our effort to comply with all appropriate government regulations we record the number of applicants by race and sex.

As such, we ask that you indicate your race or national origin, date of birth and sex. **DO NOT WRITE YOUR NAME ON THIS SHEET.** This information will not be kept with your application and will be used only in accordance with Federal and State regulations.

YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Your application for employment will be considered in the same manner whether or not you fill out this form.

Male

Female

Date of Birth: _____

American Indian

African American / Black

Asian

Hispanic

Other _____
Please Specify

Non-Minority

Voluntary Information



INVITATION TO DISABLED PEOPLE

The information requested below is voluntary and refusal to provide it will not subject you to any adverse treatment. This information will be kept confidential and will be used only to help us ensure equal employment opportunity to all qualified applicants. Your voluntary cooperation is greatly appreciated.

1. This position requires regular, predictable and punctual attendance. Are you able to satisfy this requirement?

Yes No

2. Do you have a physical or mental impairment which limits one or more of your major life activities?

Yes No

If yes, please explain:

3. Are there any reasonable accommodations we could make which would enable you to perform the job for which you are applying?

Yes No

If yes, please explain:

FOR YOUR INFORMATION AND CONVENIENCE

1. Disabled reserved parking is available in the lot on the west (Water Street) side of the HMPL General Office Building.
2. The General Offices are accessible on the west and east sides of the building. Applications are available in the General Offices lobby.
3. Wheelchair accessible restrooms are located in the General Office Building.
4. If you are a disabled applicant, detailed job descriptions for currently advertised positions are available from the Human Resources Office to help you determine whether you are able to perform the essential functions of the job in a reasonable manner either with or without reasonable accommodation.
5. If you are a disabled applicant and you need special assistance during the application procedure, please ask the receptionist for an Accommodation Request Form (UF 05-01-14) for testing. Complete this form (ask for assistance if you need it) and return it to the Human Resources Office in a reasonable amount of time to allow us to attempt to satisfy your needs.
6. Please contact the Human Resources Office, 270-826-2726 (237), if you have other questions or if we can provide additional assistance.



ACCOMMODATION REQUEST

Application Process

CONFIDENTIALITY STATEMENT: Information contained on this form will be held confidential to the extent allowed by law. Information obtained or generated in the processing of the Accommodation Request may be released to individuals or agencies participating in the evaluation or provision of any accommodation.

Please type or print and return to the Human Resources Office in a reasonable amount of time to allow for consideration of your request. Information on this form is classified as CONFIDENTIAL to the extent permitted by law. Please note that this accommodation request cannot be processed unless the information requested is supplied and documentation of the need for accommodation is attached. For additional information, contact the Human Resources Office.

<p>1. Date of Request: _____</p> <p>2. Name: _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> Last First MI </div> </p> <p>3. Address: _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> Street City State Zip </div> </p> <p>4. Telephone Number: _____</p> <p>5. SSN: _____</p> <p>6. Job for which you wish to apply: _____</p>									
<p>CHECK AS APPROPRIATE:</p> <p>7A. My condition is a:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Mental Characteristic</td> <td style="width: 33%; text-align: center;">Physical Characteristic</td> <td style="width: 33%; text-align: center;">Other (If other, please attach explanation)</td> </tr> </table> <p>7B. It is the result of:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Disease</td> <td style="width: 33%; text-align: center;">Injury</td> <td style="width: 33%; text-align: center;">Congenital Condition of Birth</td> </tr> <tr> <td style="width: 33%; text-align: center;">Functional Disorder</td> <td></td> <td style="width: 33%; text-align: center;">Other (If other, please attach explanation)</td> </tr> </table>	Mental Characteristic	Physical Characteristic	Other (If other, please attach explanation)	Disease	Injury	Congenital Condition of Birth	Functional Disorder		Other (If other, please attach explanation)
Mental Characteristic	Physical Characteristic	Other (If other, please attach explanation)							
Disease	Injury	Congenital Condition of Birth							
Functional Disorder		Other (If other, please attach explanation)							
<p>8. Describe in your own words the limitations caused by your condition for which you are requesting accommodation(s). Use additional pages if necessary. Be sure to attach medical documentation of functional limitations.</p> 									
<p>9. Describe any accommodation you believe would be of benefit to you in the application process.</p> 									
<p>10. Signature: _____ Date: _____</p>									

INSTRUCTIONS FOR COMPLETION OF ACCOMMODATION REQUEST FORM:

1 - 6 Self Explanatory

- 7A** Indicate whether your disabling condition is physical or mental. If your condition does not fit either category, please attach an explanation.
- 7B** Check the area that best describes the cause of your disability. If the cause of your disability is not given, please attach an explanation.
- 8** Describe the functional limitations of your condition which interfere (or may interfere) with your ability to complete an application or the application process. Please attach medical documentation of functional limitations.
- 9** Describe the accommodation you are requesting, and provide alternative accommodation suggestions where possible. Include past accommodations if relevant, and any specific information relating to cost, sources, names of devices, etc., that you may have.
- 10** If employee or applicant is unable to sign, signature of a designated representative is sufficient.



**PRE-EMPLOYMENT DRUG TESTING
NOTIFICATION AND ACKNOWLEDGEMENT**

**COMPLETE THIS FORM ONLY IF YOU ARE APPLYING FOR THE POSITION
OF LINE WORKER**

I hereby acknowledge and understand that, as a part of my application for a position which involves the performance of safety-sensitive functions as defined by 49 CFR 655, as amended, I must submit to a urine drug test under the authority of the U. S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that any offer of employment is contingent upon the passing of the aforementioned drug test and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result having no evidence of prohibited drug use.

Applicant Name: _____
Print Name

Applicant Signature: _____

Date: _____

Witness: _____
Print Name

Witness Signature: _____

Date: _____