



Employment Application

Mail to: Human Resources, PO Box 8, Henderson, KY 42419
 Email to: applications@hmpl.net Fax to: 1-866-339-9410

| | | |
|----------------|----------------|-------------------------|
| Date Received: | Time Received: | Received By (Initials): |
|----------------|----------------|-------------------------|

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, veteran status, genetic information, or any other legally protected status.

PRINT IN INK OR TYPE

| | | | | |
|---|-------------|--|-------------------|---|
| Primary Position Applied For: | | Date of Application: | | |
| Last Name: | First Name: | Middle Name: | | |
| Physical Street Address: | PO Box: | City: | State: | Zip Code: |
| Telephone Number(s) Where You Can Be Reached: | | E-Mail: | | Do you possess a valid driver's license? Yes No |
| 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? (If yes, please list.) | | Yes | No | _____ |
| Have you ever filed an application with us before? (If yes, give dates.) | | Yes | No | _____ |
| Have you ever been employed with us before? (If yes, give dates.) | | 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? (Proof of citizenship or legal ability to work will be required upon employment.) | | Yes | No | |
| Are you a military veteran? | | Yes | _____ | |
| | | No | Branch of Service | |
| 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 | |
| Are you able to meet the attendance requirements of the position? | | Yes | No | |
| Are you available to work overtime (more than 40 hours in a week), if required? | | Yes | No | |
| 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 | Newspaper Ad | Employment Agency |
| | | Magazine Ad | Web Site | 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, age, national origin, handicap, disability, genetic information, 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

Itemize Skills / Equipment / Machines Operated or Licenses You Possess

| | | | |
|---|--|--|--|
| Skills: _____ _____ _____ _____ _____ _____ _____ _____ | Software Packages: Word Excel Access Powerpoint Desktop Publishing (List) _____ Outlook Other (Please list) _____ | Equipment/ Machinery (List): _____ _____ _____ _____ _____ _____ _____ _____ | Licenses / Certifications (List): PE / State: _____ Welding _____ EMT _____ CDL / Class: _____ Other (Please list) _____ _____ _____ |
|---|--|--|--|

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 and alcohol testing for all applicants, who receive a conditional offer of employment, prior to employment. HMPL also requires DOT drug and 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, upon a conditional offer of employment. 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 | Line Supervisor |
| Administrative Assistant - Power Supply | Lineworker - Apprentice |
| | Lineworker - Crew Leader |
| Chief Financial Officer | Mechanic |
| Communications Director | Meter Technician |
| Communications Technican | Office Assistant |
| Dispatcher | Power Supply Director |
| Engineering Technician | Reliability Compliance Manager |
| General Manager | SCADA Specialist |
| GIS Administrator | Senior Communications Technician |
| GIS Technician / Dispatcher | Stock Room Clerk |
| Human Resources Director | Substation Technician |
| Inventory Control Clerk/Dispatcher | System & Network Administrator |
| Journey Lineworker | Transmission & Distribution Director |



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 (203), if you have other questions or if we can provide additional assistance.



INVITATION TO VETERANS

This information 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 in accordance with the above mentioned acts. Your voluntary cooperation is greatly appreciated.

If you are a Veteran or a Disabled Veteran it would assist us if you tell us about (1) any special methods, skills, or procedures which would help to qualify you for positions that you might not otherwise be able to do because of your disability. This information may help us understand (2) the accommodations which we could make which would enable you to perform the job properly and safely, including reasonable changes in the physical layout of the job, alterations of certain duties relating to the job, or other accommodations.

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

Yes No

VIETNAM ERA VETERANS:

1. Did you serve on active duty for more than 180 days, any part occurring between August 5, 1964 and May 7, 1975?

Yes No

2. Were you discharged or released from the above active duty because of a service-connected disability?

Yes No

SPECIAL DISABLED VETERANS:

1. Are you entitled to disability compensation by the Veterans Administration for a 30% or more rated disability?

Yes No

2. Are you entitled to disability compensation by the Veterans Administration for a 10-29% rated disability and have been determined under Section 1506 of Title 38, USC to have a serious employment handicap?

Yes No



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="text-align: center; width: 33%;">Mental Characteristic</td> <td style="text-align: center; width: 33%;">Physical Characteristic</td> <td style="text-align: center; width: 33%;">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="text-align: center; width: 33%;">Disease</td> <td style="text-align: center; width: 33%;">Injury</td> <td style="text-align: center; width: 33%;">Congenital Condition of Birth</td> </tr> <tr> <td style="text-align: center;">Functional Disorder</td> <td></td> <td style="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 requirement of employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR 655, as amended, upon receiving a conditional offer of employment, 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 my 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: _____