RTFS	Employment Application		
Bristol Tennessee Essential Services Electric • Internet • Telephone • Cable 2470 Volunteer Parkway PO Box 549 Bristol, TN 37621 423-968-1526	An Equal Opportunity Employer Instructions: Please print clearly. Answer all questions accurately and completely. Your application will remain active for 12 months. Date: Date Available:		
423-793-5545 (fax)	BTES drug tests ALL new employees. Drug testing by NTA, Inc.		
	Personal Data		
Full Name (First, Middle, Last):		Social Security Number:	
Address:		Best Contact Telephone Number:	
		()	
City, State, Zip:		Telephone Number 8am-5pm:	
		()	
Email:			
Position desired:		Salary desired:	
Type of employment desired: F	ull Time 🛛 🔹 Part Time 🕻	Temporary	
Hours available: Willing to work overtime? Yes 🖵 No			
Check days available: Mon 🖵 🛛 T	ues 🗅 Wed 🗅 Thurs 🗅 Fri	🗖 Sat 🗖 Sun 🗖	
Have you worked or attended sch	nool under any other name? Y	es 🗖 No 🗖	
If yes, name(s):			
Are you over 18 years of age? Ye	es 🖵 No 🖵 🛛 If not, give d	late of birth:	
Are you eligible for employment	in this county? Yes 📮 No 🗖		
Are you able to meet the attenda	ince requirement of BTES? Ye	s 🗖 No 🗖	
Who referred you to us?			
Do you have a valid driver's licen	se? Yes 🖵 No 🗖		
License Number:	State:	Expiration Date:	
Have you been cited for any traff years? Yes 🔲 No 🗖 If yes, how		any vehicle accidents over the last five	
Have you been convicted of a cri	me? Yes 🖬 No 🖬 (a convicti	on will not necessarily bar employment)	
If yes, explain:			

	Education	/ Trainin	g		
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12					
Did you receive a	Did you receive a high school diploma? Yes 🔲 No 🖵				
If not, have you p	assed a high school equivalency ex	am?Yes 🗖	No 🗖		
Type of School	Name and Address of School	Last Year Attended	Major	Degree	Overall Grade Point Average
High School					
College/University					
College/University					
Business/Trade					
	Sk	ills			
If yes, explain: Off 	5	No 🗖	Field Backhoe Air tools Forklift Dump Tru Trencher Front-ence Bucket Tr Bucket Tr Boom Axe Crane Chain Saw Welder, T	l loader uck er e	
List any other skills, certifications, licenses, etc., that would qualify you for employment: 					
Service Branch	Initial Rank/Date	Fina	l Rank/Date	SI	pecialty
Work related spec	cialty training:			Retired?	Yes 🖬 No 🗖

Employment Record

Employer:		Dates E	Dates Employed	
Address:		From	То	
Telephone:	Supervisor Name:	Sa	lary	-
Job Title:		Starting	Final	-
Reason for leaving:				
Employer:				Work Performed:
Address:		From	То	_
Telephone:	Supervisor Name:		Salary	
Job Title:		Starting	Final	_
Reason for leaving:				
Employer:	Employer:		Dates Employed	
Address:		From	То	
Telephone:	Supervisor Name:	Sa	lary	-
Job Title:		Starting	Final	_
Reason for leaving:				
State what you did in a (Attach separate sheet	ny periods not already covered including if needed).	g part-time, self empl	oyment or	unemployment.
Dates	Name of Employer and Job Duties			

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

References

Checkin	g references is part of our pre-employment process. May we contact your present employer?
Yes 🗖	No 🗖

List three people, preferably past supervisors, who can tell us about your qualifications. Do not include relatives.

Name	Business Address	Telephone Number	Years Known

Why would you like to work for BTES?______

What has been your most interesting work?_____

What made it interesting?_____

Certification and Agreement

Please read carefully before signing:

- 1. I certify that the information provided in this application is true, complete and correct.
- 2. I understand and agree that any material omission or misrepresentation of information provided herein, or any resume I have supplied, will be justification for refusal of employment or, if employed, sufficient grounds for immediate termination.
- 3. I authorize the past employers, schools, all references and any other persons to answer all questions asked concerning my ability, character, reputation, credit and previous employment record and release them from liability for damages for giving this information.
- 4. I understand I must pass a post-job offer related physical examination including drug screening conducted by the company physician prior to final acceptance of employment and anytime, while employed, when requested.
- 5. I understand that my application is not a contract and cannot create a contract. If I am employed, I will comply with all orders, rules and regulations of BTES and will live within the service area of BTES.
- 6. I agree, if employed, that I will work faithfully and diligently, be careful and avoid accidents, come to work promptly and not be absent for any reason without prior notice to my supervisor.
- 7. I understand that BTES is an "at will" employer and that my employment could be terminated, with or without cause, at any time at the option of either BTES or myself.

To the Applicant:

To aid Bristol Tennessee Essential Services in its commitment to Affirmative Action, individuals are asked to voluntarily provide the following information. Your assistance is appreciated and will ensure the success of the Affirmative Action Program.

Name			
First	Middle	Last	
Social Security Number			
Date of Birth			
Male 🗌 Female 🗌			
Disabled Yes	No 🗌		
Racial or Ethnic group (ch	eck one)		
□ Caucasian			
□ Black			
□ Hispanic			
□ Asian			
□ American Indian			
□ Other			

The information provided will be used for statistical purposes only. Employment decisions will not be based upon whether or not you provide this information.

BTES Drug Tests ALL New Employees Drug Testing by NTA, Inc