



APPLICATION FOR EMPLOYMENT

We appreciate your interest in Utility Management Group. We are an EEO and Affirmative Action employer. A clear understanding of your background and work history will help us place you in a mutually beneficial position. We consider applicants for all positions without regard to race, color, religion/creed, sex, national origin, ancestry, age, disability, veteran status or any other legally protected status.

Employment is subject to verification that you can meet legal age requirements. If you require assistance or a reasonable accommodation in completing this application or any aspect of the application process, please contact a Human Resources Representative.

This application packet includes the following forms:

1. Application for Employment (must be completed).
2. Criminal History Questions and State Laws Regarding Lie Detector Tests (must be completed).
3. Consent to Request Consumer Report Information (must be completed).
4. For Positions that include Driving a Company Vehicle (to be completed as applicable).
5. Governmental Reporting Form (optional: you may complete if you choose to do so).

PLEASE TYPE OR PRINT YOUR ANSWER TO EVERY QUESTION ON THIS FORM:

Date: _____ Position Desired: _____ Salary Desired: _____

Name: _____
Last First Middle Initial (Sr., Jr., etc)

Present Address: _____
No. Street City State/Zip

Phone (Day): _____ Phone (Evening): _____

Have you ever applied for or been employed with Utility Management Group before? Yes No

If yes, when, where and in what capacity? _____

How were you referred to Utility Management Group for employment?

Advertisement Walk-In Agency Utility Management Group Employee/Name: _____

If hired, on what date will you be available to start work? _____

Are you legally eligible for employment in the United States? Yes No

If the job for which you are applying involves operation of a motor vehicle, do you have a valid appropriate license?
Yes No

If hired, can you work all shifts? Yes No

If hired, can you work overtime? Yes No

(A reasonable effort is made to accommodate the religious observance of employee.)

Have you ever been discharged from any place of employment other than for a layoff due to lack of work? Yes No

If yes, please explain: _____

Are you prohibited from or limited in your performance of any job duties for our company by any restrictive covenants, covenants not to compete, confidentiality agreements, or any other contractual obligations? Yes No
(If yes, please provide a copy of the agreement to us).

What did you like best about your last job? _____

What did you like least about your last job? _____

WORK EXPERIENCE

Please account for at least (10) years of past employment and explain all gaps in employment. List present or last employer first. Applicants may include any verified work performed on a volunteer basis.

May we contact your present employer? Yes No

Company Name: _____ Phone: _____

Address: _____

Job Title Start: _____ Job Title Final: _____

Supervisor (Name & Title): _____

Description of Job Duties: _____

CDL Required: Yes No

Reason for Leaving: _____

Dates of Employment: From (MO/YR) _____ To (MO/YR) _____

Base Rate of Pay: Start _____ Final _____

Company Name: _____ Phone: _____

Address: _____

Job Title Start: _____ Job Title Final: _____

Supervisor (Name & Title): _____

Description of Job Duties: _____

CDL Required: Yes No

Reason for Leaving: _____

Dates of Employment: From (MO/YR) _____ To (MO/YR) _____

Base Rate of Pay: Start _____ Final _____

Company Name: _____ Phone: _____

Address: _____

Job Title Start: _____ Job Title Final: _____

Supervisor (Name & Title): _____

Description of Job Duties: _____

CDL Required: Yes No

Reason for Leaving: _____

Dates of Employment: From (MO/YR) _____ To (MO/YR) _____

Base Rate of Pay: Start _____ Final _____

Company Name: _____ Phone: _____

Address: _____

Job Title Start: _____ Job Title Final: _____

Supervisor (Name & Title): _____

Description of Job Duties: _____

CDL Required: Yes No

Reason for Leaving: _____

Dates of Employment: From (MO/YR) _____ To (MO/YR) _____

Base Rate of Pay: Start _____ Final _____

EDUCATIONAL BACKGROUND

<i>Type of School</i>	<i>Name and Address of School</i>	<i>How Many Years At- tended</i>	<i>Graduated or Received GED? (YES or NO)</i>	<i>Diploma Degree</i>	<i>Course or Major</i>
Grammar or Grade					
High School					
College					
Graduate Study					
Business or Trade					
Other					

If you served in the armed forces of the United States or any state militia, please state the length of service and describe any training or experience which you received that would enable you to perform the job for which you have applied.

PROFESSIONAL ORGANIZATIONS AND LICENSES

Please list any professional organizations and/or licenses that are job related. You may omit those which indicate your race, color, religion/creed, sex, national origin, ancestry, disability, veteran status or any other legally protected characteristic.

REFERENCES

Please exclude former employers and relatives.

Name: _____ Occupation: _____

Address: _____
No. Street City State/Zip

Phone: _____

Name: _____ Occupation: _____

Address: _____
No. Street City State/Zip

Phone: _____

Name: _____ Occupation: _____

Address: _____
No. Street City State/Zip

Phone: _____

Occasionally the form of an employment application makes it difficult for an individual to adequately summarize his/her complete background. To assist us in evaluating your application, use the space below to summarize any additional information necessary to describe your experience, skills or qualifications.

PLEASE READ CAREFULLY

APPLICANT'S AUTHORIZATION AND CERTIFICATION

I understand this employment application is not to be construed as a guarantee of employment for a specific time, or as an express or implied contract of employment. I further understand that, should I become employed, my employment with any Utility Management Group ("Company") will be terminable at will either by myself or the Company at any time and for any reason or no reason at all. Except for the Company's employment-at-will policy, the terms and conditions of employment, including Company policies, procedures and benefits, may be modified at the sole discretion of the Company or its benefit plan Administrators with or without cause, and with or without notice. However, the rights of the parties to terminate the employment relationship at will may be modified only by an express written agreement signed by (1) me, (2) an officer of the Company, and (3) the applicable Business Group Vice President Human Resources or the Company's Senior Vice President Corporate Human Resources.

I understand that under Utility Management Group policy employee compensation, such as salary and wages, includes remuneration for any and all Inventions, Designs, Improvements, Works of Authorship, and other Developments (collectively referred to as "Intellectual Property") that any employee may make or create during the course of his or her employment with the Company. Accordingly, if I am hired by the Company, in consideration of my employment, I hereby agree that all Intellectual Property relating to the business of the Company or its affiliates which I conceive or develop, either alone or with others, during or as a result of my employment shall become the sole property of the Company or its designee without the payment of additional compensation to me. I agree to assign, and do hereby assign, to the Company my entire right and interest in all such Intellectual Property. I further agree that I will execute a written assignment to the Company or its designee of all rights to and interest in any such Intellectual Property and will not disclose, except to authorized representatives of the Company, any such Intellectual Property.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of information provided in my application or interview(s) may result in immediate termination of my employment, at any time.

I hereby release any and all former employers, references and educational institutions from any liability for releasing information about me, including information for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

I hereby certify that I do not have more than one motor vehicle operator's license.

I hereby agree to submit to a physical examination and to any lawful drug and/or alcohol testing that may be required as a condition of employment and understand that any refusal to submit to such testing will result in negation of any offering of employment. I freely consent to a physical examination and/or testing and hereby release the medical facility and Utility Management Group from any liability arising from, or related to, such examination or testing or the reporting of results to Utility Management Group.

Signature of Applicant: _____ Date: _____