
**DISCLOSURE TO EMPLOYMENT APPLICANT
REGARDING PROCUREMENT OF A CONSUMER REPORT**

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on a separate document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by: (name and address of agency running consumer report)

iiX - 1716 Briarcrest Drive -

Suite 200 - Bryan, TX 77802.

Applicant's Name (Please Print)

Applicant's Address

City/State/Zip

Social Security Number

Signature of Applicant

APPLICANT INSTRUCTIONS

Thank you for your interest in employment with our Company. We appreciate your application, and look forward to the possibility of you joining our team. This sheet is for your information. Please read it carefully.

If you need any assistance or accommodation to facilitate the filling out of this form or during any of the application process, please notify the person who gave you this form and every effort will be made to provide you with the help you request.

Please print all information so it can be easily read. Be certain that all questions are **completely** answered. Incomplete information forms will not be considered. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. If you need additional space, you may use the back of the form.

This application form is intended for use in evaluating your qualifications for employment. This is not a contract for employment. False or misleading information given in this form or during the interviewing process are grounds for terminating the application process or, if discovered after employment, for terminating employment.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, and work experience. Credentials and experience will be verified through schools, former employers, and any other applicable sources. As an Equal Opportunity Employer, we make decisions to hire and promote without regard to race, color, creed, national origin, sex, physical or mental disability (unrelated to ability to do the job), or age (as defined by law).

You should understand that the position for which you are applying is considered at-will, which means that either you or the company can terminate employment for any reason or no reason at any time. No one except the company president has the authority to amend this agreement.

We appreciate your interest.

I have read and understood the above information.

Signature _____ Date _____

APPLICATION FOR EMPLOYMENT

(Please Print)

Position Desired _____ Date _____

How did you learn about us?

Advertisement Friend Walk-In Relative Other _____

Name (Last) _____ (First) _____ (Middle) _____

Address _____ City _____ State _____ Zip _____

Telephone Number(s) _____ Social Security Number _____

Date of Birth _____

Have you ever filed an application with us before? Yes No

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

If yes, please describe _____

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? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Availability: Full Time Part Time Shift Work Temporary

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony? Yes No*

City/State _____ Charge _____

Please explain _____

*Conviction of a felony will not necessarily bar you from employment.

EDUCATION

Circle the highest grade completed in school:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Name and address of last school attended: _____

Vocational or Business schools attended: _____

List names of friends or relatives now employed by **Hamilton County Electric Cooperative Association**:

Person to contact in case of an emergency:

This information is to facilitate contact in the event of an emergency and is not used in the selection process.

Full Name _____
Phone

Address

Their place of employment _____
Phone

Address

Relationship to you

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY FOR LAST TEN (10) YEARS

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, national origin, handicap or other protected status. If applicant is too young to have an employment history going back ten (10) years, include schools attended or whatever applicant was doing.

CURRENT OR MOST RECENT EMPLOYER:

Name _____ Phone _____

Address _____

Positions/Duties: _____

Supervisor: _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Reason for leaving _____

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed? Yes No

NEXT PREVIOUS EMPLOYER:

Name _____ Phone _____

Address _____

Positions/Duties: _____

Supervisor: _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Reason for leaving _____

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed? Yes No

NEXT PREVIOUS EMPLOYER:

Name _____ Phone _____

Address _____

Positions/Duties: _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Supervisor: _____

Reason for leaving _____

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed? Yes No

NEXT PREVIOUS EMPLOYER:

Name _____ Phone _____

Address _____

Positions/Duties: _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Supervisor: _____

Reason for leaving _____

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed? Yes No

NEXT PREVIOUS EMPLOYER:

Name _____ Phone _____

Address _____

Positions/Duties: _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Supervisor: _____

Reason for leaving _____

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed? Yes No

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Name _____ Phone _____

Address _____

Positions/Duties: _____

Supervisor: _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Reason for leaving _____

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Name _____ Phone _____

Address _____

Positions/Duties: _____

Supervisor: _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Reason for leaving _____

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Name _____ Phone _____

Address _____

Positions/Duties: _____

Supervisor: _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Reason for leaving _____

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NEXT PREVIOUS EMPLOYER:

Name _____ Phone _____

Address _____

Positions/Duties: _____

 Supervisor: _____

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

Reason for leaving _____

Were you subject to U.S. Department of Transportation's alcohol and controlled substances testing requirements and the Federal Motor Carriers Safety Regulations for this job listed? Yes No

ACCIDENT RECORD AND TRAFFIC CONVICTIONS

Include vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Accident Record for past 3 years or more (attach sheet if more space is needed) if none, write none.

Dates	Type of Vehicle	Nature of Accident (Head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

List all violations of motor vehicle laws or ordinances (other than parking violations) of which you were convicted, forfeited bond, or collateral during the past three (3) years.

Location	Date	Charge	Penalty

(attach sheet if more space is needed)

Experience and Qualifications - Driver

	State	License No.	Type	Expiration Date
Driver				
Licenses				

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?
 Yes No
- B. Has any license, permit, or privilege ever been suspended or revoked?
 Yes No

Include a detailed explanation of the facts and circumstances for each denial, revocation or suspension.

Driving Experience if none, write none

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor - Two Trailers				
Motorcoach - school bus				
Other				

List states operated in for last five years. _____

Driving Experience (cont.)

Show Special Courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

Show any trucking, transportation, or other experience that may help in your work for this Company.

List Courses and training other than those shown elsewhere in this application.

List special equipment or technical materials you can work with (other than those already shown).

Drug Testing

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes No

If yes, please give details: _____

YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION

The information you provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec. 391.23 (i)(1) you have the following rights with regard to the safety performance history information provided by your previous employers.

THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS

You have the right to review the records provided by our previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records at the time of your request, then the five (5) day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED

You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five (5) day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

THE RIGHT TO REBUT DISPUTED INFORMATION

If the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must; forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three (3) year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION

You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance, to the Federal Motor Carrier Safety Administration by following procedures specified at 49 CFR Section 385.12.

Date

Social Security Number

Employee Signature

Print Name

Signature of Employer's Representative

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested by **Hamilton County Electric Cooperative Association** and/or its agents. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, *etc.*, from federal, state and other agencies which maintain such records, as well as information concerning previous driving record request made by others for such state agencies and state-provided driving records.

I authorize without reservation, any party or agency contacted by **Hamilton County Electric Cooperative Association** and/or its agents, to furnish the above mentioned information.

I have the right to make a request to **Hamilton County Electric Cooperative Association** and/or its agents, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the agents have previously furnished within the two (2) years preceding my request. I hereby consent **Hamilton County Electric Cooperative Association** and/or its agents to obtain the above information and I agree that such information which **Hamilton County Electric Cooperative Association** and/or its agents has or obtains, and my employment history with **Hamilton County Electric Cooperative Association** if I am hired, will be supplied by **Hamilton County Electric Cooperative Association** and/or its agents to other companies which subscribe to its agents.

I hereby authorize procurements of consumer reports(s). If hired (or contracted) this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

I understand that I may request a copy of this Disclosure and Release form.

Applicant Signature

Date

Print Name

Social Security Number

Address, City, State and Zip Code

This page contains sensitive information. Keep only in secure files, separately from personnel files!

BACKGROUND INQUIRY RELEASE

In connection with my application for employment (including contract for services) with the above named Company and individual, I understand that an investigative consumer report may be requested that will include information as to my character, work habits performance and experience along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you will be requesting information from public and private sources about my workers' compensation inquires, driving record, court record, education, credentials, credit and references.

Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the names and address of the agency of the source which provided the information.

I acknowledge that a telephonic facsimile (Fax) or photographic copy shall be valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

I hereby authorize, without reservation, any law enforcement agency, institution, service bureau, school, employer reference or insurance company contacted by **Hamilton County Electric Cooperative Association** and/or its agents, to furnish the information described in the first paragraph.

I understand that the following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print clearly all information.

Last Name: _____ First Name: _____ Middle: _____

Print other names you have used (including maiden name or previous married name(s) - or any other first name): _____

Social Security Number: _____ Date of Birth: _____ Sex: _____ Race: _____

Driver's License Number: _____ State where licensed was issued: _____

Name as it appears on driver's license: _____

Current Address: _____

City, State, Zip (County if known): _____

Applicant Signature

Date

List all previous addresses for the last seven (7) years.
Address, city, state, zip code and county if known and the length of time at each address.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

DRUG/ALCOHOL TEST

I understand and agree that the management of **Hamilton County Electric Cooperative Association** may request a drug/alcohol test for illegal drugs/alcohol for me. Such a test will be conducted by **Hamilton County Electric Cooperative Association** on the Company premises and/or a recognized testing company that normally conducts such testing as a usual business activity.

I understand the results of such a drug/alcohol test will not be revealed to anyone except management of **Hamilton County Electric Cooperative Association**.

I understand I may be discharged for failing to receive an acceptable result from any drug/alcohol test conducted for me or for failure to submit to a requested test. I understand that the Company requests such information as a part of its continuing effort to maintain the highest quality safe work environment.

I have read and understood the above.

Date

Social Security Number

Employee Signature

Print Name

Signature of Employer's Representative

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify 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 also certify that I have accounted correctly for my work experience, education and training.

This application for employment shall be considered active for a period of time not to exceed one hundred eighty (180) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are accepted at that time.

I understand that misrepresentation or omission of facts will be cause for cancellation of my consideration for employment, or dismissal, if employed. I authorize the Company and/or its agents, including consumer and/or credit reporting bureaus, to verify any information contained in this Hiring Packet including, but not limited to, criminal history and motor vehicle driving records (if driving is an essential function of the job). I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I further understand and agree that employment by this Company will be "at will." That is, either I or the Company may end the employment relationship at any time for any reason or for no reason. Also, I understand that no representative of the Company has the authority to enter into any agreement with me for employment for any specific period of time or make any agreement with me contrary to the foregoing.

I further certify that I have no objections to the following conditions concerning my employment:

1. Submitting to a medical review and an examination by a medical professional chosen by the Company after a conditional job offer has been made and before reporting for work, as determined by the essential functions of the job and Company policy.
2. Taking a physical agility test if required by the essential functions of a specific position.
3. Submitting to a drug/alcohol examination when requested by the Company as stated in the Company Drug/Alcohol Testing Policy.
4. Demonstrating the skill and ability to perform the essential functions of the assigned job.
5. Available for overtime.
6. Returning all Company issued items at the time of termination.
7. Abiding by the rules and regulations of the Company.
8. Available to work at the prevailing rate at that time, if assigned to another shift, department, or job.
9. Submitting to a security search when requested by the Company.

Date

Social Security Number

Employee Signature

Print Name

Signature of Employer's Representative

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and

rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: **Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- ◆ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- ◆ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 1. a person has taken adverse action against you because of information in your credit report;
 2. you are the victim of identify theft and place a fraud alert in your file;
 3. your file contains inaccurate information as a result of fraud;
 4. you are on public assistance;
 5. you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2006 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- ◆ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- ◆ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- ◆ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- ◆ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- ◆ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- ◆ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- ◆ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- ◆ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ◆ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6, Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street, Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100, Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

PERSONAL INFORMATION OF EMPLOYEE

I hereby authorize **Hamilton County Electric Cooperative Association** to investigate all facts contained in my application for employment with said business, and authorize the release of any and all information by my present and past employers wherever located, which may be required for a reference check. I further authorize all of my previous employers and current employer to give any and all information concerning my employment and other pertinent information which said employers may have. This does not include medical information. I release all parties from all liabilities for any damages which may result from the furnishing of said information.

In connection with evaluating me for employment, I authorize **Hamilton County Electric Cooperative Association** to obtain a report containing information regarding my prior work related injuries and claims. I further release any information concerning my criminal history, credit history, and lawsuits I have been involved in.

A copy of this release shall be as valid as the original.

DRUG/ALCOHOL TEST

I understand and agree that the management of **Hamilton County Electric Cooperative Association** may request that I submit to drug/alcohol testing for illegal drugs/alcohol. Such a test will be conducted by **Hamilton County Electric Cooperative Association** on the Company premises and/or a recognized testing company that normally conducts such testing as a usual business activity.

I understand that the results of such a drug/alcohol test will not be revealed to anyone except management of **Hamilton County Electric Cooperative Association**.

I understand that **Hamilton County Electric Cooperative Association** may request a drug test for illegal drugs *prior* to offering me employment with **Hamilton County Electric Cooperative Association**. I understand that I will no longer be a candidate for hire if I fail to receive an acceptable result from the pre-employment drug test conducted for me or for failure to submit to the requested pre-employment test.

I understand that after I am employed by **Hamilton County Electric Cooperative Association** I may be discharged for failing to receive an acceptable result from any drug/alcohol test conducted for me or for failure to submit to a requested test. I understand that the Company requests such information as a part of its continuing effort to maintain the highest quality safe work environment.

I have read and understood the above.

Date

Social Security Number

Employee Signature

Print Name

Signature of Employer's Representative