



## APPLICATION FOR EMPLOYMENT

Qualified applicants are considered without regard to race, color, religion, sex, national origin, age, disability or any other basis protected by applicable law. If you need a reasonable accommodation in the hiring process, please notify the person distributing or accepting this application.

**Position Information** Title \_\_\_\_\_ Date \_\_\_\_\_

### Personal Data

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Home Telephone Number \_\_\_\_\_ Message Telephone Number \_\_\_\_\_

Are you a United States Citizen, Permanent Resident Alien, Temporary Resident Alien, Applicant for Temporary Resident Status, Refugee or Asylee?  Yes  No

If hired, you would be required within 3 days to show proof of your authorization to work in the United States. Can you do this? (See Applicant's Certification)  Yes  No

Military Status: Do you have U.S. military service?  Yes  No

If YES, please complete attached form.

Do you have a valid driver's license in the event the position requires you drive for Company business?  Yes  No

If employed by UniSource Energy, or one of its subsidiaries, will you be engaged in any other business or employment?  Yes  No

(If YES, state when and what company.) \_\_\_\_\_

Are you available to work:  Full time  Part time  Rotating Shifts

Have you ever been employed by UniSource Energy, or one of its subsidiaries?  Yes  No

(If YES, state position and dates of employment.) \_\_\_\_\_

Have you been convicted of a felony in the past ten years?  Yes  No

Conviction of a crime is not an automatic bar to employment and will only be considered in relation to specific job requirements.

(If YES, please describe.) \_\_\_\_\_

Do you have any relatives employed at a UniSource Energy, or one of its subsidiaries, facility?  Yes  No

(If YES, list name(s) and relationship(s)) \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present, or if not employed, your last position. Account fully for your occupied and unoccupied time during the last five years. Account for any period of unemployment (other than those due to personal illness, injury or disability).

*Please complete this information even if a resume is provided.*

Employer	Dates		Work Performed
	From	To	
Address			
Job Title			
	Ending Salary		
Supervisor:	\$		
Reason for Leaving			
Employer	Dates		Work Performed
	From	To	
Address			
Job Title			
	Ending Salary		
Supervisor:	\$		
Reason for Leaving			
Employer	Dates		Work Performed
	From	To	
Address			
Job Title			
	Ending Salary		
Supervisor:	\$		
Reason for Leaving			
Employer	Dates		Work Performed
	From	To	
Address			
Job Title			
	Ending Salary		
Supervisor:	\$		
Reason for Leaving			
Employer	Dates		Work Performed
	From	To	
Address			
Job Title			
	Ending Salary		
Supervisor:	\$		
Reason for Leaving			

Have you ever been terminated, asked to resign or left a job without notice?  Yes  No

(If YES, please explain the circumstances and identify the employer(s).) \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been counseled, disciplined, or discharged from any employment because you fought with, struck or verbally or physically threatened any other individual, used or possessed a weapon, or otherwise engaged in violent or threatening conduct?  Yes  No

If YES, state the date of counseling, discipline or termination, the name and address of the employer involved, the degree of discipline (including discharge) that was imposed and explain the circumstances. The information you provide in your response to these questions will not necessarily disqualify you from employment.

\_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION and TRAINING**

	School Name	City & State	Course or Major	Number Years Attended	Type of Degree Attained
High School or GED					
College or University					
Other Education or Special Training (including Military)					
Apprenticeship					

Professional Affiliations relevant to the job you are seeking (including license(s), registration(s), certification(s), or memberships):

Equipment operation experience relevant to the job you are seeking (such as forklift, front-end loader, bulldozer, etc.):

List any supervisory experience, including level of supervision and number of employees supervised:

State any additional information you feel may help in evaluating your application:

**JOB-RELATED REFERENCES (other than relatives)**

\_\_\_\_\_  
*Name Address Telephone Business & Title*

\_\_\_\_\_  
*Name Address Telephone Business & Title*

\_\_\_\_\_  
*Name Address Telephone Business & Title*

May we contact references now?  Yes  No

## APPLICANT'S CERTIFICATION

### PLEASE READ CAREFULLY AND SIGN BELOW

#### A. Pre-Employment Drug Testing

After an offer of employment is made, and prior to reporting to work, candidates will be required to submit to a drug screen. A physical examination may be required for certain positions. Candidates who do not pass the drug test will not be accepted or considered for employment for a period of one year subsequent to the test. Candidates who re-apply and test positive a second time are not eligible to be hired at UniSource Energy, or one of its subsidiaries.

#### B. UniSource Policies

UniSource Energy, and its subsidiaries, are committed to providing a safe and healthy work environment free from health concerns associated with the direct and secondary exposure to tobacco smoke. Smoking is prohibited inside the building(s) at all Company locations and in all Company vehicles, on a 24-hour basis.

Relatives and close friends of UniSource employees are considered for hiring on the same basis as any other candidate – as long as that employment does not present a conflict of interest or give the appearance of a conflict of interest or favoritism. You may request a copy of the Code of Ethics and Principles of conduct, Conflict of Interest section from Human Resources.

The Immigration Reform and Control Act of 1986 applies to all individuals hired after November 6, 1986 and prohibits employers from knowingly hiring or continuing to employ anyone who is not authorized to work in the United States. In order to comply with the requirements of the law, every individual hired must provide satisfactory evidence of his/her identity and legal right to work in the United States. Therefore, if you become an employee of UniSource Energy, or one of its subsidiaries, you will be required to provide certain documents to a representative of the Human Resources Department. Failure to present the required documents or receipts reflecting that any necessary documents have been applied for within three (3) business days after employment for wages commences, will result in termination of employment. If receipts for the application of documents are presented in a timely manner, failure to present the required documents within twenty-one (21) days after employment for wages commences will result in termination of employment.

#### C. At-Will Status

I understand that any resulting employment is at-will and either party reserves the right to terminate employment at any time with or without cause or notice. I also understand that the at-will employment relationship described herein may not be changed by any written document, oral statement, or conduct unless VP – Human Resources and I sign a document that explicitly states that my employment is not at-will.

#### D. References

I authorize UniSource Energy, or one of its subsidiaries, to obtain information concerning me from former employers (including immediate supervisors) and any other references, individuals or institutions and I release UniSource Energy and its informants from all liability in connection therewith.

#### E. Certification of Truth

I certify that my answers to the foregoing questions are true and correct and that I have not left out any significant information of any kind whatsoever. I understand that any false, incomplete, misleading or otherwise incorrect statements made on this application form or my resume, any company documents, or during interviews may result in rejection of my application, or, if I am employed, may be grounds for my immediate discharge, regardless of when discovered.

DATE

\_\_\_\_\_

SIGN  
HERE

\_\_\_\_\_

(Please do not print)

### VOLUNTARY PRE-EMPLOYMENT INFORMATION

We are an affirmative action government contractor. In compliance with government regulations, we are required to record the number of applicants by race and sex. We ask that you indicate your sex and race or national origin. This 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 complete this form. This pre-employment information form will be kept in a **confidential file** separate from your application for employment.

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Position Applied For \_\_\_\_\_

How did you hear about this position?  Ad  Agency  Employee Referral  Job Fair  Walk-in  Job Posting (Website)  
 Phone Inquiry (Jobline)

**Ethnic Category:**  Hispanic or Latino  White (Not Hispanic or Latino)  Black or African American  Asian

Native Hawaiian or Other Pacific Islander  American Indian or Alaska Native

Two or More Races (Not Hispanic or Latino) (See definitions of categories listed below)

**Sex:**  Male  Female

Are you a veteran of U.S. military service?  Yes  No (If YES, please complete attached form)

Can you perform the essential job functions required of the position for which you are applying, with or without reasonable accommodations?  Yes  No

#### As defined by the Equal Employment Opportunity Commission

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, The Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

**INVITATION TO VETERANS AND/OR HANDICAPPED**

Dear Prospective Employee:

Tucson Electric Power Company is a government contractor subject to several Federal regulations that include Section 503 of the Rehabilitation Act of 1973, as amended, and Section 402 of the Vietnam Era Veterans' Assistance Act of 1974, as amended, which require government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam Era and individuals with physical and/or mental handicaps. These regulations require our Company to invite our applicants and employees to "self-identify". If you believe you would be covered by these programs and would like to be considered under our affirmative action program(s), please tell us and we will include you under the affirmative action program.

If you so choose, please inform us of any special methods, skills, and procedures that qualify you for positions you might not otherwise be able to perform because of your status under the cited regulations. You may be considered for positions of that kind based on reasonable accommodations that we could make to enable you to perform the job properly and safely.

Submission of this information is voluntary and refusal to provide it shall not subject you to any adverse treatment. Information obtained concerning individuals shall be kept confidential, except that supervisors and managers may be informed regarding restrictions on the work or duties of handicapped or disable individuals and regarding necessary accommodations. First aid and safety personnel may be informed to the extent appropriate, and government officials investigating compliance with the Acts shall be informed.

*Your voluntary cooperation is greatly appreciated.*

NAME \_\_\_\_\_ DATE \_\_\_\_\_ POSITION \_\_\_\_\_

YES      NO

**VIETNAM ERA VETERANS:**

1. Did you serve on active duty for more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred; (1) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964 and May 7, 1975, in all other cases.
2. Were you discharged or released from the active duty for a service-connected disability if any part of such active duty was performed (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964 and May 7, 1975, in all other cases?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SPECIAL DISABLED VETERANS:**

1. Are you entitled to disability compensation by the Veterans Administration for a 30% or more rated disability?
2. Are you entitled to disability compensation by the Veterans Administration for a 10% or 20% rated disability and have been determined under Section 1506 of Title 38, U.S.C. to have a serious employment handicap?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OTHER ELIGIBLE VETERANS**

**(PLEASE CHECK IF EITHER OR BOTH CATEGORIES APPLY TO YOU.)**

1. A veteran with active duty service at any point between December 7, 1941 and April 28, 1952; or
2. A veteran who served on active duty in a campaign or expedition for which a campaign badge has been authorized.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A veteran qualifies under this criterion **ONLY** based upon military service **IN** the identified campaign or expedition and **NOT** simply based on any military service during the time of the campaign or expedition. The campaign badges, service medals, and expeditionary medals that qualify under this criterion will be listed on the veteran's "Armed forces of the U.S. Report of Transfer or Discharge," commonly known as the "DD-214 Form," if the veteran meets this criterion. A current list of qualifying campaigns provided upon request.

**HANDICAPPED:**

1. Do you have a physical or mental impairment which limits one or more of your major life activities?  
If yes, please explain \_\_\_\_\_ .
2. Are there any reasonable accommodations we could make which would enable you to perform the job?  
If yes, please explain \_\_\_\_\_ .
3. Methods/Skills/Procedures (*relevant to second paragraph above*) \_\_\_\_\_ .

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>