

# PEOPLE'S ELECTRIC COOPERATIVE

An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

This application must be completed in your own handwriting. **It will be considered active for a period of six (6) months and thereafter retired to an inactive file for one (1) year.** You may renew this application by filing a new form. The following information is requested in order to help us make the best possible placement within the Cooperative. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form. **The Cooperative, in accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex (including pregnancy), national origin, disability or veterans status. The Cooperative also is required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ women, minorities, otherwise qualified disabled individuals, and Vietnam era and disabled veterans.** Applicants applying for positions that require them to drive Cooperative vehicles must also fill out the Driver's Supplemental Application for Employment.

**PLEASE PRINT**

<b>Name</b>	(Last)	(First)	(Middle)
<b>Address</b>	(Street)		<b>Telephone No.</b>
	(City)	(State)	(Zip)
			<b>Alternate No.</b>

**S.S. Number**            /            /

Do you have the legal right to work in the United States?  Yes  No

How were you referred to the Cooperative? \_\_\_\_\_

Are you related, by blood or marriage, to any existing employee of the Cooperative or to a present member of the Board of Trustees? (A list of present employees and trustees will be provided.)  Yes  No

If yes, state name and relationship \_\_\_\_\_

Have you ever applied for a job with the Cooperative?  Yes  No

If yes, when? \_\_\_\_\_

Have you ever worked at the Cooperative before?  Yes  No

Position for which you are applying (be specific) \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?  Yes  No

Salary Expected \_\_\_\_\_ per \_\_\_\_\_

Apart from absence for religious observation, are you available to work from 8:00 a.m. to 5:00 p.m. Monday through Friday?  Yes  No

If no, what hours can you work? \_\_\_\_\_

Will you work overtime if asked?  Yes  No

Are you willing to work after hours call-out duty and on-call assignments?  Yes  No

List any friends or acquaintances presently working for the Cooperative. \_\_\_\_\_

Are you at least eighteen years of age?  Yes  No

Have you ever been convicted of a felony?

Yes  No

If yes, give details, including jurisdiction (state and county) where such conviction occurred. \_\_\_\_\_

(Criminal convictions are not an absolute bar to employment. They will only be considered in relation to specific job requirements.)

Have you ever been convicted of a power (electricity) theft or power diversion?

Yes  No

If yes, give details, including jurisdiction (state and county) where such conviction occurred. \_\_\_\_\_

In what state or states do you possess a valid and current driver's license? \_\_\_\_\_

In what state or states have you ever possessed a driver's license? \_\_\_\_\_

If you are selected for employment, on what date can you start work? \_\_\_\_\_

**EDUCATION**

	SCHOOL NAME	ADDRESS	NO. OF YEARS ATTENDED	DEGREE	MAJOR
HIGH					
COLL.					
OTHER					

Courses now studying: \_\_\_\_\_

**CLERICAL AND SECRETARIAL APPLICANTS ONLY**

(Place one checkmark for knowledge. Place two checkmarks for experience.)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Word processor             | <input type="checkbox"/> Proofreading                             | <input type="checkbox"/> Typing _____ w.p.m.     |
| <input type="checkbox"/> Handling consumer concerns | <input type="checkbox"/> Accounts receivable, payable, or payroll | <input type="checkbox"/> Shorthand _____ w.p.m.  |
| <input type="checkbox"/> Calculating machine        | <input type="checkbox"/> Data process entry                       | <input type="checkbox"/> Personal Computer       |
| <input type="checkbox"/> Switchboard                |   | <input type="checkbox"/> Load management systems |

**TRADES, CRAFTS AND TECHNICAL APPLICANTS ONLY**

(Place one checkmark for knowledge. Place two checkmarks for experience.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Warehousing                                   | <input type="checkbox"/> Computer inventory methods          | <input type="checkbox"/> Lay out work orders                               |
| <input type="checkbox"/> Prepare work orders                           | <input type="checkbox"/> Basic electricity                   | <input type="checkbox"/> Tree trimming                                     |
| <input type="checkbox"/> Brush clearing                                | <input type="checkbox"/> Clearing machinery                  | <input type="checkbox"/> Material control                                  |
| <input type="checkbox"/> Perpetual inventory                           | <input type="checkbox"/> Automotive maintenance              | <input type="checkbox"/> Painting and bodywork on vehicles                 |
| <input type="checkbox"/> Electric and gas welding                      | <input type="checkbox"/> Electrical handtools                | <input type="checkbox"/> Radio communication and operation                 |
| <input type="checkbox"/> Pole inspection                               | <input type="checkbox"/> Load management systems             | <input type="checkbox"/> Meter reading                                     |
| <input type="checkbox"/> Collecting consumer accounts                  | <input type="checkbox"/> Handling consumer concerns          | <input type="checkbox"/> Connecting and disconnecting meters               |
| <input type="checkbox"/> Electrical mapping systems                    | <input type="checkbox"/> Load switching                      | <input type="checkbox"/> Transformer banks                                 |
| <input type="checkbox"/> Substation construction                       | <input type="checkbox"/> Line construction                   | <input type="checkbox"/> Underground experience (primary and/or secondary) |
| <input type="checkbox"/> Regulators, capacitors, breakers and switches | <input type="checkbox"/> Hotline work, primary and secondary |  |
| <input type="checkbox"/> Electrical Safety                             |  |  |

**PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY**

List special training or noteworthy achievements. Please attach your resume. _____

**EMPLOYMENT RECORD** (Most recent employer first)

DATES	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND BRIEF DESCRIPTION OF DUTIES	SALARY	EXACT REASON FOR LEAVING
From:			From:	
To:			To:	May we contact them?
	Telephone:	Supervisor:		
From:			From:	
To:			To:	May we contact them?
	Telephone:	Supervisor:		
From:			From:	
To:			To:	May we contact them?
	Telephone:	Supervisor:		
From:			From:	
To:			To:	May we contact them?
	Telephone:	Supervisor:		

Attach additional sheets if necessary.

List any other training or special skills. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List your membership in any professional or technical organizations that are related to the job requirements of the position for which you are applying (exclude those that may disclose your race, color, religion, sex, age, national origin, physical or mental disability, veteran status or union affiliations). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name and Occupation	Address	Phone Number

# IMPORTANT! READ THIS!

## CERTIFICATION

I certify that all information provided in support of my employment with the Cooperative, including but not limited to this application, resumes, medical information, and information provided by me during interviews, is correct to the best of my knowledge, and I understand that misrepresentation or omission of relevant facts in seeking employment will result in my disqualification from further consideration or my dismissal from employment. I agree to conform to the rules and regulations of the Cooperative, and I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the Cooperative or myself. I further understand that no person is authorized to make any representation contrary to the above statement unless such representation is approved by the Board of Directors and is embodied in a written agreement signed by the President or the General Manager of the Cooperative. I further understand that if offered full-time employment, I will be required to take a physical examination and that such examination will include blood, breath, urine, or saliva tests to determine the presence or use of alcohol or illegal controlled substances.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

## FOR EMPLOYER'S USE ONLY

Interviewed by _____
Date _____
Comments _____

## EMPLOYMENT REFERENCE CHECK

Employer	Person Contacted	Date	Results

## PERSONAL REFERENCE CHECK

Person	Date	Comments

## ACTION

NO ACTION \_\_\_\_\_

INTERVIEWED--NO POSITION OFFERED \_\_\_\_\_

POSITION OFFERED:

DATE: \_\_\_\_\_ POSITION: \_\_\_\_\_ ACCEPTED: \_\_\_\_\_