

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, sex (including pregnancy, sexual orientation and gender identity), national origin, age, disability, citizenship status, genetic information or any other legally protected status.

Position(s) Applied For:	Date of Application:
How did you hear about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____	

Last Name:	Middle Name:	First Name:
Address:		
Phone Number:	Email:	

Best time to contact you at home: AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

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

Have you ever been employed with us before? Yes No If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you lawfully authorized to work in the United States? Yes No

Date available for work: _____ What is your desired salary range? _____

Are you available to work:

Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoons Evenings)

Temporary (please indicate dates available ____ / ____ / ____ - ____ / ____ / ____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No



EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
1. High School				
2. Undergraduate College				
3. Graduate				
4. Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT HISTORY (List most recent employer first)

1. Employer: _____
Address: _____
Telephone Number(s): _____
Job Title: _____ Supervisor: _____
Dates Employed: From _____ To _____
Work Performed _____
Reason for Leaving: _____

2. Employer: _____
Address: _____
Telephone Number(s): _____
Job Title: _____ Supervisor: _____
Dates Employed: From _____ To _____
Work Performed _____
Reason for Leaving: _____

3. Employer: _____
Address: _____
Telephone Number(s): _____
Job Title: _____ Supervisor: _____
Dates Employed: From _____ To _____
Work Performed _____
Reason for Leaving: _____

4. Employer: _____
Address: _____
Telephone Number(s): _____
Job Title: _____ Supervisor: _____
Dates Employed: From _____ To _____
Work Performed _____
Reason for Leaving: _____

ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held.

(You may exclude membership which would reveal sex (including pregnancy, sexual orientation and gender identity), race, color, citizenship status and genetic information, religion, national origin, age, disability or other protected status.)

Other Qualifications: *Summarize special job-related skills and qualifications acquired from employment or other experience.*

Specialized Skills: *(Check Skills/Equipment Operated)*

- Terminal PC/MACI Typewriter (WPM) Spreadsheet Word Processing Shorthand (WPM)
- Production/Mobile Machinery (list): _____
- Other (list): _____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

References:

1. Name: _____ Phone #: _____

Address: _____

2. Name: _____ Phone #: _____

Address: _____

3. Name: _____ Phone #: _____

Address: _____

APPLICANT'S STATEMENT

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: 	Date:
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Interested candidates for this position should submit an application to Human Resources (jobs@our.coop). Should none of the applicants be fully qualified as described above, the Cooperative reserves the right to, in its sole discretion, select the best qualified applicant from amongst the group applying for the position or to conduct an external search for a suitably qualified applicant.

Claiborne Electric Cooperative is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or veteran status.

