

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

This application will be considered active for a period of one hundred eighty (180) days and thereafter retired to an inactive file. 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 and select the best qualified applicant. All portions of this application pertaining to you must be completed. The Cooperative, in accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, physical or mental handicap or veteran's status.

PLEASE PRINT

Date: Email Address:				
Name				
La	st	First		Middle
Address	reet			
Str	eet			Telephone No
City	State	Zip		Mobile No.
Social Security Number	///	Date of Birth		_
Do you have the legal right to	work in the United States	?	Yes	No
(if offered emplo	yment, you will be require	ed to provide documentation to v	erify eligib	ility)
Are you related, by blood or ro or to a present member of the		1 2	Yes	No
Have you ever applied for a j	ob with the Cooperative?		Yes	No
Have you ever worked at the	Cooperative?		Yes	No
Position for which you are ap	oplying (be specific)			
		Salary expected	r	oer
Can you work overtime?			Yes	No
Are you available for after ho	ours call out duty and on-ca	all assignments?	Yes	No
Are you at least eighteen year	rs of age?		Yes	No
	red. (A conviction record v	If yes, give details, including ju will not necessarily be a bar to e		

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		alid and current driver'			
In what state or states This needs to be answ	s have you ever poss wered because all en	sessed a driver's licenson ployees may be requir	e?ed to operate compa	any vehicles.	
Have you served in the	he U.S. Armed Force	es?		Yes	No
If Yes: Branch of Se	ervice				
Date of Final Dischar	rge				
		functions of the position of t			s N
	considered favorable	y, on what date can yo	u start work?		
EDUCATION	School Name	y, on what date can yo City, State	u start work?		
EDUCATION					
EDUCATION			Diplor	na?	
EDUCATION High School			Diploi Yes	na? No	
EDUCATION High School			Diploi Yes	na? No	f Study
EDUCATION High School			Diplor Yes Degree	ma? No Major or Field o	f Study
EDUCATION High School Post-Secondary	School Name		Diplor Yes Degree Degree	ma? No Major or Field o	f Study
EDUCATION High School Post-Secondary Other Courses Now Studyi	School Name	City, State	Diplor Yes Degree Degree	ma? No Major or Field o	f Study
EDUCATION High School Post-Secondary Other	School Name	City, State	Diplor Yes Degree Degree	ma? No Major or Field o	f Study
EDUCATION High School Post-Secondary Other Courses Now Studyi Attach additional sl	School Name ng	City, State	Diplor Yes Degree Degree	ma? No Major or Field o Major or Field o	f Study
EDUCATION High School Post-Secondary Other Courses Now Studyi Attach additional sl	School Name ng	City, State	Diplor Yes Degree Degree	ma? No Major or Field o Major or Field o	f Study

EMPLOYMENT RECORD (most recent employer first)

Have you ever been discharged or asked to resign	from a Job?				
NOTE: DOT requires that employment for at least 3 years and/or commercial driving experience for past 10 years be show					
Dates (Month and Year): From					
Name and Address of Employer:					
		Telephone			
Job Title and Brief Description of Duties:					
Supervisor to to					
Exact Reason for Leaving: May We Contact Them?					
Dates (Month and Year): From	to				
Name and Address of Employer:					
		Telephone			
Job Title and Brief Description of Duties:					
Supervisor					
Salary: From to					
Exact Reason for Leaving: May We Contact Them?					
Dates (Month and Year): From	to				
Name and Address of Employer:					
		Telephone			
Job Title and Brief Description of Duties:					
Supervisor					

CLERICAL AND SECRETARIAL APPLICANTS ONLY Please fill in the approriate response: Knowledge Knowledge Experience Experience Personal Computer Shorthand (wpm) Switchboard Calculator/Adding Machine Data Process Entry Typing (wpm) Load Management Systems Accounts Receivable Handling consumer complaints Payables or Payroll Proofreading TRADE, CRAFTS AND TECHNICAL APPLICANTS ONLY Please fill in the appropriate response: Knowledge Experience Knowledge Warehousing Electrical safety Computer inventory methods Radio communication and operations Lay out work orders Pole inspection Prepare work orders Load management systems Basic electricity Meter reading Tree trimming Collecting consumer accounts Brush clearing Handling consumer complaints Clearing machinery Connecting and disconnecting meters Material control Electrical mapping systems Perpetual inventory Load switching Automotive maintenance Substation construction Painting and bodywork on vehicles Line construction Electric and gas welding Transformer banks Drafting Regulators, capacitors, breakers and switches Telephone systems Hotline work, primary and secondary Computer Servers & Networks Underground experience (primary and secondary) Backhoe, trencher, cable plow Transit work, surveying and/or calculations Electronic test equipment Blueprints, technical drawings Electrical hand tools PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY List special training or noteworthy achievements. Please attach your resume.

(you need not disclose membership in Professional Organizations that may reveal information regarding race, color, creed, sex, religion, national origins, ancestry, age, disability, marital status, veteran status or any other protected status)

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation Address Phone Number

Experience and Quannications - Drive	Experience and	Ou	alificati	ons -	Drive	er
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Experience and Qual	ifications - [Driver					
Have you tested positive, o administered by an employ transportation work covered	er to which you	unsucccessful	ly applied fo	r safety	sensitive	Yes	No
If you answered yes, can yo to-duty requirements?	ou provide proof	that you've su	ccessfully co	omplete	d the DOT return-	Yes	No
Driver's License Number	Type	State	Expiration	Date			
Do you have a current DO	T medical card?	Yes	N	lo			
Accident Record Past	t 3 Years or M	I ore (attach	sheet if m	ore spa	ace is needed)		
Dates	Natı	ire of Accidei	t (head-on,	rear-en	d, upset, etc.)	# Fatalities # Inj	uries
Traffic Convictions a	nd Forfeiture Location	es for the Pa	st Three !	Years (other than par	king violations Penalty)
Have you ever been denied license, permit or privilego If yes, give deta	e suspended or r		to operate a	motor v	vehicle, or had any	Yes	No
Driving Experience							
	Type of Equip (van, flat, tank		From	Dates	То	Approximate # of Driven	Miles
Straight Truck	(,,	, ,	110111		10	Diiven	
Tractor/Trailer							
Tractor/Two Trailers							
Other							
CEDTIEICATION AND	ACDEEMENT						
CERTIFICATION AND	AGKEEVIEN						

I certify that the information contained in this application is correct to the best of my knowledge and authorize DSEC to verify their accuracy by obtaining reference information on my work performance. I understand that falsification of this application in any details is grounds for disqualification from further consideration or for dismissal from employment in accordance with Cooperative policy. I release DSEC from any liability, which, at any time, could result from obtaining and basing an employment decision on such information. I agree to conform to the rules and regulations of the Cooperative, and 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 in writing and approved by the President and CEO.

Signature of Applicant	 	
Date		

FOR EMPLOYER'S US	SE ONLY				
Interviewed by					
Date					
Comments					
REFERENCE CHECK					
Employer	Person Co	ontacted	Date	Results	
PERSONAL REFEREN	CE CHECK				
Person	Date	_	Comments		
ACTION	I				
NO ACTION					
INTERVIEWED – NO PO	_ OSITION OFFEREI)			
POSITION OFFERED:			-		
DATE: POSITION:	_				
ACCEPTED:					
Date					

Date