



Coleman County Electric Cooperative, Inc.

3300 N. Hwy 84, P. O. Box 860

Coleman, Texas 76834

Phone: (325) 625-9923

www.colemanelectric.org

This application will be considered active for a period of ninety (90) days. You may renew this application by filing a new form. We appreciate the time you spend in filling in this application form. All applicants should read the following notices very carefully. If you do not understand anything stated below, please ask the Executive Assistant/Human Resources for an explanation. By submitting your application, you will be deemed to have understood and agreed to the following:

All questions must be answered truthfully: This application form is intended for use in evaluating your qualifications for employment. You are required to give accurate and complete responses to the questions. Regardless of whether made in filling out this application or at any time in the hiring process, any false, misleading or incomplete statements or responses are grounds for rejection of your application or, if discovered after you have been hired, grounds for your immediate termination.

Equal Employment Opportunity: Coleman County Electric Cooperative, Inc. (CCEC), in accordance with State and Federal laws, does not discriminate on any protected class, including but not limited to, age, race, religion, color, gender, national origin, physical or mental handicap or veteran's status, disability, except where a reasonable, bona fide occupation qualification exists. The Cooperative also is required by law, by its contract(s) with the federal government, to take affirmative action to employ women, minorities, otherwise qualified handicapped individuals and Vietnam era and disabled veterans. Offers of employment are conditioned on the applicant passing a pre-employment medical examination to determine if the applicant can perform the essential functions of their job, with or without reasonable accommodation.

At-will status of all employees: This application form is not an employment contract, and neither is any other document you may be given in the hiring process or later, if you are hired. If you are hired, your employment at all time will be employment at-will, which means that either you or CCEC has the right to terminate your employment at any time, with or without cause, and with or without notice.

Nothing in this application, or in any prior or subsequent oral or written statements, is intended to create a contract for employment for any specified period. No one other than the Board of Directors has any authority to enter into any agreement contrary to the forgoing and such would have to be in writing signed by the Board.

Drug testing: CCEC's policy requires testing for the presence of drugs and alcohol in your body prior to employment. Any applicant will be required to pass a pre-employment drug screen, and if hired, you will be subject to CCEC's drug and alcohol testing policy during employment. This policy provides that drug and alcohol testing may be done for reasonable cause, suspicion, on a random basis, after any accident, or as determined by CCEC. As a condition of being considered for employment, you hereby agree and consent to be tested for drugs and alcohol. By accepting any offer of employment, you agree and consent to be tested for drugs and alcohol during your employment pursuant to CCEC's policy as a condition of employment.



Application for Employment

Coleman County Electric Cooperative, Inc.
3300 N. Hwy 84, P. O. Box 860
Coleman, Texas 76834
(325) 625-9923
becca@colemanelectric.org



Coleman County Electric Cooperative, Inc. dedicates itself to the improvement of its members' lifestyle and the economic environment of its service area.
The Cooperative is committed to providing safe, reliable electric service at the lowest practical cost and to meeting the changing needs of its membership with a well-trained, quality work force and with the use of sound business practices.

PLEASE PRINT

Basic Information

Date of Application: _____

Last Name: _____ First Name/MI: _____

Address: _____
(Street, City, State and Zip Code)

Phone #: _____ Alternate #: _____ E-mail: _____

Position Desired: _____ Full-Time Part-Time (Check all that apply)

Date Available: _____ Are you currently employed? Yes No

Are you over 18-years of age? Yes No

What is your minimum salary requirement? _____

Are you eligible to work for any United States employer currently? Yes No

Can you, after employment, submit proof of U.S. Citizenship? Yes No

Do you have a high school diploma or equivalent? Yes No

Have you ever applied for a position with us? Yes No

If "yes", when: _____

Have you ever been employed by us? Yes No

If "yes", when: _____

Are you related by marriage, birth or otherwise to any manager, director or employee of Coleman County Electric Cooperative, Inc.? Yes No

If “yes”, please tell us the name of your relative and relationship. _____

Can you travel if the position requires travel? Yes No

Have you ever been dismissed or forced to resign from any employment? Yes No
(An affirmative response will not automatically disqualify you from being considered for employment.)

Are you subject to any restrictions which could prevent you from accepting a job with CCEC, such as a non-compete or non-solicitation agreement with your previous employer? Yes No

Do you require any accommodation to perform the essential functions of the job you are applying for?
Yes No

If “yes”, please explain _____

List any languages (other than English) you:

Speak Fluently _____
Read Fluently _____
Write Fluently _____

May we contact your current employer? Yes No N/A

Military Service

Were you in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates of duty: From _____/_____/_____ To _____/_____ Rank at Separation: _____ _____	Branch: _____ Briefly describe your duties: _____ _____
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Special Employment Notice to Disabled Veterans, Vietnam Era Veterans and individuals with physical or mental handicaps:

Electric Cooperatives are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, which requires that we take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires this Cooperative to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. **This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.**

If you wish to be identified, please sign below.

Handicapped Individual

Disabled Veteran

Vietnam Era Veteran

Signature

Date

Employment History

Please give a complete record of your employment, including period of unemployment, if any. Begin with your most recent employment and work back in time. You may attach supplementary sheet, if additional space is needed. This information must be completed even if a resume is attached. If it is not completed properly, it will be incomplete and not be considered.

Employer: _____ Position: _____

Address, City, State: _____

Telephone: _____ Employed from: _____ to _____

Supervisors Name & Phone Number: _____

Duties: _____

Starting Salary: _____ Ending Salary: _____ Reason for leaving: _____

Employer: _____ Position: _____

Address, City, State: _____

Telephone: _____ Employed from: _____ to _____

Supervisors Name & Phone Number: _____

Duties: _____

Starting Salary: _____ Ending Salary: _____ Reason for leaving: _____

Employment History Continued:

Employer: _____ Position: _____

Address, City, State: _____

Telephone: _____ Employed from: _____ to _____

Supervisors Name & Phone Number: _____

Duties: _____

Starting Salary: _____ Ending Salary: _____ Reason for leaving: _____

References

Include only individuals familiar with your work ability. DO NOT INCLUDE RELATIVES. You may include CCEC employees, but you must have at least two reference that are not affiliated with CCEC.

Name: _____ Relationship: _____

Telephone No.: _____ Time Known: _____

Name: _____ Relationship: _____

Telephone No.: _____ Time Known: _____

Name: _____ Relationship: _____

Telephone No.: _____ Time Known: _____

Education and Training History

Schools Attended	Name, City, State	Degree Major/ Course Study	Number of Years Completed	Diploma/ Degree
High School				
Business School				
College/University				
Graduate School				
Trade School				
Training				

List any other education, training, special skills or certificates/licenses that you have related to this job:

Please describe your interest in Coleman County Electric Cooperative and the skills and aptitudes that you feel qualify you for the position in which you are applying.

Trades, Crafts and Technical Applicants ONLY

Place a one (1) in the square for knowledge and a two (2) for experience.

Warehousing	Electrical Tools	
Computer Inventory Methods	Electrical Safety	
Lay Out Work Orders	Radio Communication & Operation	
Prepare Work Orders	Pole Inspection	
Basic Electricity	Load Management System (SCADA)	
Tree Trimming	Automatic Meter Reading (AMR)	
Brush Clearing	Collecting Consumer Accounts	
Machinery Used for Clearing Brush	Handling Consumer Concerns	
Material Control	Connecting & Disconnecting Meters	
Perpetual Inventory	Electronic Mapping Systems	
Automotive Maintenance	Load Switching	
Electric and Gas Welding	Substation Construction	
Regulators, Capacitors, Breakers & Switches	Line Construction	
Underground Experience (Primary and/or Secondary)	Transformer Banks	
	Hotline Work, Primary & Secondary	

Business Technology Experience

Place a one (1) in the square for knowledge and a two (2) for experience.

10 Key Calculator by Touch	
Keyboard – WPM _____	
Operator Console/Receptionist	
Handling Consumer Complaints	
Proofreading	
Automatic Meter Reading (AMR)	
Optical Scanners	
Accounts Receivable, Payable or Payroll	
Data Processing	
*Job Experience with Computers	

*List Software in Previous Job Positions:

Experience and Qualifications – Driver Must be completed by ALL applicants

Do you have a valid driver’s licenses? Yes No

If yes, please complete the following:

State	License No.	Type	Expiration Date

Do you have a valid Commercial Driver’s License (CDL)? Yes No

If yes, please list your residences for the past 3 years:

(Street)	(City)	(State & Zip Code)		# Years _____
(Street)	(City)	(State & Zip Code)		# Years _____
(Street)	(City)	(State & Zip Code)		# Years _____

Do you have experience with any of the following? Yes No

If yes, please complete the following:

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From	Dates To	Approx. No. of Miles (Total)
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Other				

Have you ever been involved in an auto accident? Yes No

If yes, please complete the following:

Dates	Nature of Accident (HEADED-ON, REAR-END, UPSET, ETC.)	Fatalities	Injuries
Most Recent Accident			
Next Previous			
Next Previous			

Traffic convictions and forfeitures for the past 3-years (other than parking violations).

Location	Date	Charge	Penalty

Applicant’s Signature

Date of Application

DISCLOSURE

Coleman County Electric Cooperative, Inc.

As part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as:

Verified First
1550 South Tech Lane
Suite 200
Meridian, Idaho 83642

- Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
- An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.
- If your employment falls under the federal Department of Transportation (“DOT”) and the Federal Motor Carrier Safety Administration (“FMCSA”), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled “A Summary of Your Rights Under the Fair Credit Reporting Act”. Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION TO OBTAIN INFORMATION

Coleman County Electric Cooperative, Inc.

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation’s Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers’ compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an “investigative consumer report” may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iIX, a Verisk AnCalytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to decide regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during my employment.

Applicant’s/Employee’s Full Name **(PRINT CLEARLY)**

Applicant’s/Employee’s Signature

_____/_____/_____
Date of Signature