

Big Country Electric Cooperative, Inc.

PO Box 518

Roby, TX 79543

Employment Application

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal and state laws prohibiting employment discrimination on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or disability, except where a reasonable, bona fide occupation qualification exists.

Date: _____

Name: _____

Social Security No. _____

Address: _____

How Long There: _____

City: _____

State & ZIP _____

Day Phone # _____

Home Phone # _____

Previous Address: _____

How Long There: _____

Position for which you are applying: _____

Check the following options you would consider: _____ Full Time; _____ Part-Time; _____ Temporary

If part-time, specify hours or days: _____

What is your minimum salary requirement? _____ Date available for work: _____

Do you have any commitments to another employer that might affect your employment with us? _____

If yes, please explain _____

School	Name, City & State	Degree Major/ Course of Study	Graduated
High School			
College			
Graduate School			
Trade School			

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

List any machines or equipment on which you are qualified and experienced in operating: _____

Typing speed (words per minute) _____

Dictation speed (words per minute) _____

List any languages (other than English) you speak fluently: _____ read/write _____

Do you have a valid Texas driver's license? _____ DL _____ Exp. _____

Military experience? _____ Yes _____ No If yes, what branch? _____

Dates of duty (from) _____ to _____ Rank at Separation: _____

General Information

Can you, after employment, submit a birth certificate or other proof of U.S. citizenship? _____ Yes _____ No

If not a citizen, can you, after employment, submit verification of your legal right to work permanently in the U.S.?
_____ Yes _____ No

Were you previously employed by this organization: _____ Yes _____ No If yes, dates: _____

List any relatives working for this organization: _____

Have you ever been convicted of a felony, or pleaded no contest in a felony? _____ Yes _____ No

If yes, please explain: _____

Have you been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years?
_____ Yes _____ No

If yes, please explain: _____

Have you ever been arrested and/or convicted of either driving while intoxicated and/or driving under the influence?
_____ Yes _____ No

If yes, give the date and location of the arrest and/or conviction and the current status of the case: _____

(Convictions will not necessarily disqualify any applicant unless such conviction is related to the job for which you have applied.)

Can you perform the essential functions of the job you are applying for? _____ Yes _____ No

Do you require any accommodation to perform the essential functions of the job? _____ Yes _____ No

If yes, please explain _____

May we contact your current employer? _____ Yes _____ No

Employment History

List all work experience beginning with the present or most recent job (use extra sheets if necessary):

Name of Employer _____ Type of Business _____

Address _____ City _____ State/ZIP _____

Dates Employed (From – To) _____ Telephone No. _____

Name & Title of Supervisor _____ Title _____

Was Employment: Part-Time Y or N Full-Time Y or N Last Salary: _____

Please give a brief description of the job duties: _____

What was your reason for leaving? _____



Name of Employer _____ Type of Business _____

Address _____ City _____ State/ZIP _____

Dates Employed (From – To) _____ Telephone No. _____

Name & Title of Supervisor _____ Title _____

Was Employment: Part-Time Y or N Full-Time Y or N Last Salary: _____

Please give a brief description of the job duties: _____

What was your reason for leaving? _____



Name of Employer _____ Type of Business _____

Address _____ City _____ State/ZIP _____

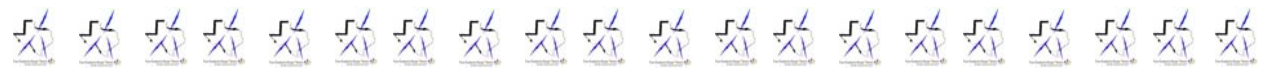
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Please give a brief description of the job duties: _____

What was your reason for leaving? _____



Reference: List three (3) Professional persons who are not previous employers or relatives who have known you for at least three (3) years.

	<u>Name & Address</u>	<u>Occupation</u>	<u>Phone</u>
1.	_____		
2.	_____		
3.	_____		

Person to be notified in case of emergency:

Name: _____ Telephone No. _____

Address: _____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, honors received, etc. (You may excuse all information indicative of age, sex, race, religion, color, national origin or disability.)

Agreement: (Please read the following statements carefully).

I certify that all the information contained in this application (and accompanying resume, if any) is true and correct, and further understand that any misstatement or omission of information is grounds for immediate dismissal.

I authorize all persons listed above (and on the accompanying resume, if any) to give Big Country Electric Cooperative, Inc. ("the Cooperative") any and all information concerning my previous employment, education, and any pertinent information they may have, personal or otherwise. I hereby release all parties, such persons and the Cooperative, from liability for any damage that may result from furnishing same to the Cooperative.

I also agree to execute as a condition of employment or a condition of continued employment any additional written authorizations necessary for the Cooperative to obtain access to and copies of records pertaining to this information.

I also hereby authorize the Cooperative access to any job related medical histories or records, and access to any driving records pertaining to me. I understand that to be eligible for employment, I must have a good driving record and be insurable by the Cooperative's motor vehicle insurance carrier.

If employed by the Cooperative, I agree to conform to the rules and regulations of the Cooperative. I further understand that my employment can be terminated, with or without cause of notice, at any time, at the discretion of either Cooperative or myself. I further understand that no representative of the Cooperative, other than the General Manager of the Cooperative, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any assurance or promise of continued employment.

I understand and agree that I may be required to take a physical examination and/or a drug and alcohol screening test. I understand that no test or examination will be required until an offer of employment has been extended to me by the Cooperative, but that my employment may be conditioned on the results of such test or exam. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test results to the cooperative for its use. I understand that any positive drug or alcohol result may preclude my employment.

I affirm that I am applying for this job because I am genuinely interested in working for this organization and for no other reason.

Signature of Applicant

Date