

**INSIDE PASSAGE ELECTRIC COOPERATIVE, INC.**  
**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. You may renew this application by filing a new form. The following information is 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, national origin, physical or mental handicap or veteran's status. The Cooperative also is required by law, by virtue of its contract(s) with the minorities, otherwise qualified handicapped individuals, and Vietnam era and disabled veterans.

**PLEASE PRINT**

Name	(Last)	(First)	(Middle)
Address			Telephone No.
(City)	(State)	(Zip)	Alternate No.

S.S Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you a U.S. Citizen or a Permanent Resident Alien? ☐ Yes  
☐ No

If not, What is your immigration status? \_\_\_\_\_

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 Directors? ( A list of present employees and directors will be provide. )

If yes, state name and relationship \_\_\_\_\_  
☐ Yes  
☐ No

Have you ever applied for a job with the Cooperative?

If yes, when? \_\_\_\_\_  
☐ Yes  
☐ No

Have you ever worked at the Cooperative before? ☐ Yes  
☐ No

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

Can you work overtime? ☐ Yes  
☐ No

Are you available for 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? \_\_\_\_\_. If yes, give details, including jurisdiction (state and country) 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? \_\_\_\_\_  
\_\_\_\_\_

Have you ever served in the U.S. Armed Forces? ☐ Yes  
☐ No

Branch of Service? \_\_\_\_\_

Rank at Discharge? \_\_\_\_\_

Date of Final Discharge? \_\_\_\_\_

Commanding Officer  
and Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical or mental impairment which would limit your job performance in the position for which you applied? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If your application is considered favorably, on what date can you start work? \_\_\_\_\_  
 \_\_\_\_\_

### **EDUCATION**

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

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

### **CLERICAL AND SECRETARIAL APPLICANTS ONLY**

Place 1 check for knowledge. Place 2 checks for experience.

_____ Word Processor	_____ Switchboard	_____ Data process entry
_____ Handling consumer complaints	_____ Proofreading	_____ Typing _____ w.p.m.
_____ Calculating machine	_____ Accounts	_____ Shorthand _____ w.p.m.
	_____ recieveable, payable, or payroll	_____ Personal computer
		_____ Load management systems

### **TRADES, CRAFTS AND TECHNICAL APPLICANTS ONLY**

Place 1 check for knowledge. Place 2 checks for experience.

_____ Warehousing	_____ Electrical hand tools
_____ Computer inventory methods	_____ Electrical safety
_____ Lay out work orders	_____ Radio communication and operation
_____ Prepare work orders	_____ Pole inspection
_____ Basic electricity	_____ Load management systems
_____ Tree trimming	_____ Meter reading
_____ Brush clearing	_____ Collecting consumer accounts
_____ Clearing machinery	_____ Handling consumer complaints
_____ Material control	_____ Connecting and disconnecting meters

- |  |  |
|--|--|
| <input type="checkbox"/> Perpetual inventory                               | <input type="checkbox"/> Electrical mapping systems                            |
| <input type="checkbox"/> Automotive maintenance                            | <input type="checkbox"/> Load switching  |
| <input type="checkbox"/> Painting and bodywork<br>on vehicles              | <input type="checkbox"/> Substation construction                               |
| <input type="checkbox"/> Electric and gas welding                          | <input type="checkbox"/> Line construction                                     |
| <input type="checkbox"/> Regulators, capacitors,<br>breakers, and switches | <input type="checkbox"/> Transformer banks                                     |
|  | <input type="checkbox"/> Hotline work, primary and secondary                   |
|  | <input type="checkbox"/> Underground experience, (primary and/or<br>secondary) |

**PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY**

List special training or noteworthy achievements. Please attach your resume. \_\_\_\_\_

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

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List your membership in any professional or civic organizations (exclude those which may disclose your race, color, religion, national origin or union affiliations). \_\_\_\_\_

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

Name and Occupation	Address	Phone Number

**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 '73, 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

Signed \_\_\_\_\_

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

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

Attach additional sheets, if necessary.

**CERTIFICATION**

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with Cooperative policy. 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 Board of Directors.

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

\_\_\_\_\_  
Date

**FOR EMPLOYER'S USE ONLY**

Interviewed by _____
Date _____
Comments _____
_____
_____
_____
_____
_____
_____

**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: \_\_\_\_\_

Date