

For Use Only With South Carolina Job Service
Newberry Electric Cooperative

APPLICATION FOR EMPLOYMENT

Date: _____

Note: Applicants applying for positions that require them to drive Cooperative vehicles must also fill out the Driver's Supplemental Application for Employment.

This application will be considered active for a period of six (6) months, after which it shall be retired to an inactive file. To be considered for employment after the expiration of this application, a new application must be filed. The following information is requested in order to help us make the best possible placement 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 race, color, religion, sex (including pregnancy), national origin, age, disability (including physical or mental impairment), or veteran status. The Cooperative also is required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ women, minorities, otherwise qualified disabled individuals, and Vietnam Era and disabled veterans.

**NEWBERRY ELECTRIC COOPERATIVE
IS AN EQUAL OPPORTUNITY EMPLOYER.**

PLEASE PRINT

Name _____
(Last) (First) (Middle)

Address _____
(Street) Telephone No.

(City) (State) (Zip) Alternate No.

Social Security Number ____ / ____ / ____

Do you have the legal right to work in the United States? Yes No

How were you referred to the Cooperative? _____

Have you ever applied for a job with the Cooperative? Yes No
If yes, when? _____

Have you ever worked at the Cooperative before? Yes No
If yes, when? _____

Are you related to any current Employee or Trustee of the Cooperative?
 Yes No
If yes, who and what relation are you. _____

Position for which you are applying (be specific). _____

Salary Expected: _____ per

Are you at least eighteen years of age? Yes No

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? _____

Can you perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? *(See attached sheet for a list of the essential functions of the job for which you are applying.)* Yes No

If you are selected for employment, on what date can you start work? _____

List any training or special skills you have that are relevant to the position for which you are applying.

List your membership in any professional or technical organizations that are related to the job requirements of the position for which you are applying. *(Exclude those that may disclose your race, color, religion, sex (including pregnancy), national origin, age, disability (including physical or mental impairment), veteran status, or union affiliations.)*

PERSONAL REFERENCES (Not Former Employers or Relatives)

<u>Name and Occupation</u>	<u>Address</u>	<u>Phone Number</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Apart from absence for religious observation, are you available to work from 8 a.m. to 5 p.m. Monday through Friday? Yes No

If not, what hours can you work?

Will you work overtime if asked? Yes No

Are you willing to work after hours call-out duty and on-call assignments? Yes No

Have you ever been convicted of a felony? _____ If yes, give details, including jurisdiction (state and county) where such conviction occurred.

(Criminal convictions are not an absolute bar to employment. They will only be considered in relation to specific job requirements.)

Have you ever been convicted of a power (electricity) theft or power diversion? _____ If yes, give details, including jurisdiction (state and county) where such conviction occurred.

THE FOLLOWING QUESTIONS SHOULD BE ANSWERED ONLY IF THE BOX NEXT TO THE QUESTION IS MARKED.

EDUCATION

School Name	Address	No. of Years Attended	Degree	Major
High	_____	_____	_____	_____
Coll.	_____	_____	_____	_____
Other	_____	_____	_____	_____
Courses now studying:	_____			

PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY

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

CLERICAL AND SECRETARIAL APPLICANTS ONLY

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Word processor | <input type="checkbox"/> Switchboard | <input type="checkbox"/> Data process entry |
| <input type="checkbox"/> Handling consumer concerns | <input type="checkbox"/> Proofreading | <input type="checkbox"/> Typing ___ wpm |
| <input type="checkbox"/> Accounts receivable payable, or payroll | <input type="checkbox"/> Shorthand ___ wpm | <input type="checkbox"/> Calculating machine |
| | <input type="checkbox"/> Personal computer | <input type="checkbox"/> Load management systems |

TRADES, CRAFTS AND TECHNICAL APPLICANTS ONLY

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

- | | |
|--|---|
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Electrical handtools |
| <input type="checkbox"/> Computer inventory methods | <input type="checkbox"/> Electrical safety methods |
| <input type="checkbox"/> Radio communication and operation | |
| <input type="checkbox"/> Lay out work orders | <input type="checkbox"/> Pole inspection |
| <input type="checkbox"/> Prepare work orders | <input type="checkbox"/> Load management systems |
| <input type="checkbox"/> Basic electricity | <input type="checkbox"/> Meter reading |
| <input type="checkbox"/> Tree trimming | <input type="checkbox"/> Collecting consumer accounts |
| <input type="checkbox"/> Brush clearing | <input type="checkbox"/> Handling consumer concerns |
| <input type="checkbox"/> Clearing machinery | <input type="checkbox"/> Connecting and disconnecting meters |
| <input type="checkbox"/> Material control | <input type="checkbox"/> Electrical mapping systems |
| <input type="checkbox"/> Perpetual inventory | <input type="checkbox"/> Load switching |
| <input type="checkbox"/> Automotive maintenance | <input type="checkbox"/> Substation construction |
| <input type="checkbox"/> Painting and bodywork on vehicles | <input type="checkbox"/> Line construction |
| <input type="checkbox"/> Electric and gas welding | <input type="checkbox"/> Transformer banks |
| <input type="checkbox"/> Hotline work, primary and secondary | <input type="checkbox"/> Regulators, capacitors, breakers and switches |
| | <input type="checkbox"/> Underground experience, (primary and/or secondary) |

IMPORTANT! READ THIS:

CERTIFICATION

I CERTIFY THAT ALL INFORMATION PROVIDED IN SUPPORT OF MY EMPLOYMENT WITH THE COOPERATIVE, INCLUDING BUT NOT LIMITED TO THIS APPLICATION, RESUMES, MEDICAL INFORMATION, AND INFORMATION PROVIDED BY ME DURING INTERVIEWS, IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT FALSIFICATION OF ANY SUCH INFORMATION WILL RESULT IN MY DISQUALIFICATION FROM FURTHER CONSIDERATION OR MY DISMISSAL FROM EMPLOYMENT. I ALSO AGREE THAT THE COOPERATIVE HAS THE AUTHORIZATION TO CONTACT ANY PERSONAL REFERENCE OR PREVIOUS EMPLOYER LISTED ON THIS APPLICATION, UNLESS OTHERWISE NOTED. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COOPERATIVE, AND I 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 APPROVED BY THE BOARD OF TRUSTEES AND IS EMBODIED IN A WRITTEN AGREEMENT SIGNED BY THE CHAIRMAN OF THE BOARD OF TRUSTEES OR THE PRESIDENT/CEO OF THE COOPERATIVE. I FURTHER UNDERSTAND THAT IF OFFERED EMPLOYMENT, I WILL BE REQUIRED TO TAKE A PHYSICAL EXAMINATION AND THAT SUCH EXAMINATION WILL INCLUDE BLOOD, BREATH, URINE, OR SALIVA TESTS TO DETERMINE THE PRESENCE OR USE OF ALCOHOL OR ILLEGAL CONTROLLED SUBSTANCES.

Signature of Applicant

Date

FOR EMPLOYER'S USE ONLY

Interviewed by: _____

Date: _____

Comments: _____

EMPLOYMENT REFERENCE CHECK (FOR EMPLOYER'S USE ONLY)

<u>Employer</u>	<u>Person Contacted</u>	<u>Date</u>	<u>Results</u>

PERSONAL REFERENCE CHECK (FOR EMPLOYER'S USE ONLY)

<u>Person</u>	<u>Date</u>	<u>Comments</u>

ACTION

No Action

Interview -- No Position Offered

Position Offered:

D a t e : -----

Position: -----

Accepted: _____
Date

Newberry Electric Cooperative, Inc.
 882 Wilson Road
 Newberry, South Carolina 29108
 803/276-1121

DRIVER'S SUPPLEMENTAL APPLICATION FOR EMPLOYMENT

DATE FILED

Name: _____
(First) (Middle) (Last) (Maiden, If Any)

Address: _____
(Street) (City) (State & Zip Code)

Date of Birth: _____ Social Security Number: _____

Information received in response to the request for your date of birth will not be used to discriminate on the basis of age against any applicant for employment or employee. Such information is requested to comply with the requirements of 49 C.F.R. § 391.21(b)(2).

Address for Past Three Years:

<small>(Street)</small>	<small>(City)</small>	<small>(State & Zip Code)</small>	How long?
<small>(Street)</small>	<small>(City)</small>	<small>(State & Zip Code)</small>	How long?

(Attach sheet if more space is needed.)

EXPERIENCE AND QUALIFICATIONS -- DRIVER

	State	License No.	Type(s)	Expiration Date
Driver's Licenses				

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

ACCIDENT RECORD FOR PAST THREE YEARS

	Dates	Nature of Accident (Head-On/Rear-End/Upset/Etc.)	Fatalities	Injuries
Last Accident	__/__/__			
Next Previous	__/__/__			
Next Previous	__/__/__			
Next Previous	__/__/__			

(Attach sheet if more space is needed.)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty
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(Attach sheet if more space is needed.)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ___ NO ___
- B. Has any license, permit or privilege ever been suspended or revoked? YES ___ NO ___

(If the answer to either A or B is Yes, attach statement giving details.)

EMPLOYMENT RECORD

(Attach sheet if more space is needed.)

NOTE: DOT requires that employment for at least 3 years be shown. If applying for a position that requires you to have a commercial driver's license, you must list your employment in which you drove commercial motor vehicles for the last 10 years. The information provided in this section may be used for the purpose of investigating your work history, and previous employers listed here may be contacted.

LAST EMPLOYER: Name _____
 Address: _____
 Position Held _____ From _____ To _____ Salary _____
 Reason(s) for Leaving _____

SECONDLAST EMPLOYER: Name _____
 Address: _____
 Position Held _____ From _____ To _____ Salary _____
 Reason(s) for Leaving _____

THIRD LAST EMPLOYER: Name _____
 Address: _____
 Position Held _____ From _____ To _____ Salary _____
 Reason(s) for Leaving _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.