

Kiwash 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 only for the vacant position for which you are applying. To be considered for other vacant positions, 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 age, race, religion, color, sex, national origin, disability, or veteran status. The Cooperative is also 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.

KIWASH 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?
If yes, when?

Yes
 No

Have you ever worked at the Cooperative before?
If yes, when?

Yes
 No

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)?

Yes
 No

(See attached sheet for a list of the essential functions of the job for which you are applying.)

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 age, race, religion, color, sex, national origin, physical or mental disability, veteran status, or union affiliations.)*

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

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
<input type="checkbox"/>	High				
<input type="checkbox"/>	College				
<input type="checkbox"/>	Other				
<input type="checkbox"/>	Courses now studying				

EMPLOYMENT RECORD (Most recent employer first)

Dates	Name and Address of Employer	Job Title and Brief Description of Duties	Salary	Exact Reason for Leaving
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
Phone:				
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
Phone:				
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
Phone:				
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
Phone:				
From:			From:	
To:			To:	
		Supervisor		May we contact them?
Phone:				

Attach additional sheets if necessary.

PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY

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

CLERICAL AND SECRETARIAL APPLICANTS ONLY

Place one check for knowledge. Place two 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"/> Calculating machine | <input type="checkbox"/> Accounts receivable, payable, or payroll | <input type="checkbox"/> Shorthand ___ wpm |
| | | <input type="checkbox"/> Personal computer |
| | | <input type="checkbox"/> Load management systems |

TRADES, CRAFTS, AND TECHNICAL APPLICANTS ONLY

Place one check for knowledge. Place two checks for experience.

- | | |
|--|---|
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Electrical hand tools |
| <input type="checkbox"/> Computer inventory methods | <input type="checkbox"/> Electrical safety |
| <input type="checkbox"/> Lay out work orders | <input type="checkbox"/> Radio communication and operation |
| <input type="checkbox"/> Prepare work orders | <input type="checkbox"/> Pole inspection |
| <input type="checkbox"/> Basic electricity | <input type="checkbox"/> Load management systems |
| <input type="checkbox"/> Tree trimming | <input type="checkbox"/> Meter reading |
| <input type="checkbox"/> Brush clearing | <input type="checkbox"/> Collecting consumer accounts |
| <input type="checkbox"/> Clearing machinery | <input type="checkbox"/> Handling consumer concerns |
| <input type="checkbox"/> Material control | <input type="checkbox"/> 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 on vehicles | <input type="checkbox"/> Substation construction |
| <input type="checkbox"/> Electric and gas welding | <input type="checkbox"/> Line construction |
| <input type="checkbox"/> Hotline work, primary and secondary | <input type="checkbox"/> Transformer banks |
| | <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 MISREPRESENTATION OR OMISSION OF RELEVANT FACTS IN SEEKING EMPLOYMENT WILL RESULT IN MY DISQUALIFICATION FROM FURTHER CONSIDERATION OR MY DISMISSAL FROM EMPLOYMENT. 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 DIRECTORS AND IS EMBODIED IN A WRITTEN AGREEMENT SIGNED BY THE PRESIDENT OR THE GENERAL MANAGER 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: _____

