

NUECES ELECTRIC COOPERATIVE, INC.

APPLICATION FOR EMPLOYMENT

(Please Print)

Date of Application _____

Position Applied For _____

Referral Source: _____ Advertisement _____ Friend _____ Relative _____ Walk-In
_____ Employment Agency _____ Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ Social Security Number _____

Are you related to a Nueces Electric Co-op Director or Employee? _____ Yes _____ No

If employed and you are under 18, can you furnish a work permit? _____ Yes _____ No

Have you filed an application here before? _____ Yes _____ No If yes, give date _____

Have you ever been employed here before? _____ Yes _____ No If yes, give date _____

Are you lawfully authorized to work in the U.S _____ Yes _____ No

Legal Work Document: _____
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work _____ Full time _____ Part time _____ Temporary

Are you on a lay-off and subject to recall? _____ Yes _____ No

Can you travel if a job requires it? _____ Yes _____ No

Can you pass a credit, driving (Transportation), criminal background
and Workers' Compensation check? _____ Yes _____ No

Have you been convicted of a felony within the last 7 years? _____ Yes _____ No
(Conviction will not necessarily disqualify applicant from employment)

If Yes, please explain _____

If you are offered a position, can you pass a pre-employment physical and Drug Test? _____ Yes _____ No

Have you been given a job opening announcement that states the essential requirements of
the position? _____ Yes _____ No

Are you capable of performing with or without reasonable accommodation, the essential
functions of the job for which you applied? _____ Yes _____ No

Veteran of the U.S. Military service? _____ Yes _____ No If yes, Branch _____

Indicate languages you speak, read, and/or write

Language	Speak	Read	Write

List professional, trade, business or civic activities and offices held.
(You may exclude those which indicate race, color, religion, sex or national origin):

Give name, address and telephone number of three references who are not related to you
and are not previous employers:

NAME	ADDRESS	TELEPHONE NO.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they 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 government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, 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 to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Disabled Individual Disabled Veteran Vietnam Era Veteran

Signed _____

What do you perceive your disability to be? _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which include race, color, religion, sex or national origin.

1	Employer:	Telephone: ()	Date Employed		Work Performed
			From	To	
	Address:				
	Job Title:		Hourly Rate/Salary		
			Starting	Final	
Supervisor:					
Reason for Leaving:					
2	Employer:	Telephone: ()	Date Employed		Work Performed
			From	To	
	Address:				
	Job Title:		Hourly Rate/Salary		
			Starting	Final	
Supervisor:					
Reason for Leaving:					
3	Employer:	Telephone: ()	Date Employed		Work Performed
			From	To	
	Address:				
	Job Title:		Hourly Rate/Salary		
			Starting	Final	
Supervisor:					
Reason for Leaving:					
4	Employer:	Telephone: ()	Date Employed		Work Performed
			From	To	
	Address:				
	Job Title:		Hourly Rate/Salary		
			Starting	Final	
Supervisor:					
Reason for Leaving:					

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience

Education

	High	College/University	Graduate/Professional
School Name			
Years Completed (Circle)	9 10 11 12 GED	1 2 3 4 5	1 2 3 4
Diploma/Degree			
Describe Course of Study:			
Describe Specialized Training, Apprenticeship Skills, and Extra Curricular Activities			

Honors Received: _____

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview ___ Yes ___ No

Remarks: _____

Interviewer

Date

Employed: ___ Yes ___ No

Date of Employment _____

Job Title: _____

Hourly Rate/Salary _____

Department _____

By _____

Name and Title

Date

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(Please Print)

Date _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____ Phone () _____
 Last First Middle
Address _____
 Number Street City State Zip Code

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, disabled and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: Male Female

Check one of the following:

Race/Ethnic Group: Caucasian/White Black or African American
 Native Hawaiian or other Pacific Islander Asian/Pacific Islander
 American Indian/Alaskan Native Hispanic

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Disabled Individual

