



Application for Employment

Fort Belknap Electric Cooperative, Inc.

P. O. Box 486, 1302 W. Main
Olney, Texas 76374
(940)-564-3526 – Fax (940)-564-3247

The mission of Fort Belknap Electric Cooperative, Inc. shall be to provide reliable, quality electric service to our member-owners at an affordable and competitive cost, while maintaining the financial integrity of the Cooperative.

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, sex, marital status, or disability, except where a reasonable, bona fide occupation qualification exists.

PLEASE PRINT OR TYPE

Basic Information

Date of Application: _____

Last Name: _____ First Name/MI: _____

Address: _____
(Street, City, State and Zip Code)

Phone #: _____ Alternate Phone #: _____ E-mail: _____

Position Desired: _____ Full-Time Part-Time (Check all that apply)

Date Available: _____ Are you currently employed? Yes No

Are you over 18-years of age? Yes No

What is your minimum salary requirement? _____

Are you eligible to work for any United States employer at this time? Yes No

Can you, after employment, submit proof of U.S. Citizenship? Yes No

Have you ever applied for a position with us? Yes No

If "yes" when: _____

Have you ever been employed by us? Yes No

If "yes" when: _____

Are you related by marriage, birth or otherwise to any manager, director or employee of Fort Belknap Electric Cooperative, Inc.?

Yes No

If "yes" please tell us the name of your relative and relationship: _____

Can you travel if the position requires travel? Yes No

Have you ever been convicted of, or plead guilty or "no contest" to, any crime (other than a minor traffic violation) and/or received deferred adjudication? Yes No

(An affirmative response will not automatically disqualify you from being considered for employment.)

If "yes", please explain:

Have you ever been dismissed or forced to resign from any employment? Yes No
(An affirmative response will not automatically disqualify you from being considered for employment.)

Do you require any accommodation to perform the essential functions of the job you are applying for? Yes No
If "yes" please explain:

List any languages (other than English) you:

Speak
Fluently: _____

Read
Fluently: _____

Write
Fluently: _____

May we contact your current employer? Yes No

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

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

Employment History:

Please give a complete record of your employment, including period of unemployment, if any. Begin with your most recent employment and work back in time. You may attach supplementary sheets if additional space is needed. PLEASE COMPLETE THIS SECTION EVEN IF YOUR RESUME IS ATTACHED.

Employer: _____ Position: _____

Address, City, State, Zip Code: _____

Telephone: _____ Employed from: _____ to _____

Duties:

Starting Salary: _____ Ending Salary: _____ Reason for leaving: _____

Employer: _____ Position: _____

Address, City, State, Zip Code: _____

Telephone: _____ Employed from: _____ to _____

Duties:

Starting Salary: _____ Ending Salary: _____ Reason for leaving: _____

Employer: _____ Position: _____

Address, City, State, Zip Code: _____

Telephone: _____ Employed from: _____ to _____

Duties:

Starting Salary: _____ Ending Salary: _____ Reason for leaving: _____

References:

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Include only individuals familiar with your work ability. DO NOT INCLUDE RELATIVES. You may include only one FBEC employee.

Name: _____ Relationship: _____

Telephone No.: _____ Time Known: _____

Name: _____ Relationship: _____

Telephone No.: _____ Time Known: _____

Name: _____ Relationship: _____

Telephone No.: _____ Time Known: _____

Education and Training History

Schools Attended	Name, City, State	Degree Major/ Course Study	Number of Years Completed	Diploma or Equivalent
High School				
Business School				
College/University				
Graduate School				
Trade School				
Training				

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

Please describe your interest in Fort Belknap Electric Cooperative and the skills and aptitudes that you feel qualify you for the position in which you are applying.

Trades, Crafts and Technical Applicants ONLY

Place an X in the square if you have experience in the following:

<input type="checkbox"/>	Warehousing	<input type="checkbox"/>	Electrical Tools	<input type="checkbox"/>
<input type="checkbox"/>	Computer Inventory Methods	<input type="checkbox"/>	Electrical Safety	<input type="checkbox"/>
<input type="checkbox"/>	Lay Out Work Orders	<input type="checkbox"/>	Radio Communication & Operation	<input type="checkbox"/>
<input type="checkbox"/>	Prepare Work Orders	<input type="checkbox"/>	Pole Inspection	<input type="checkbox"/>
<input type="checkbox"/>	Basic Electricity	<input type="checkbox"/>	Load Management System (SCADA)	<input type="checkbox"/>
<input type="checkbox"/>	Tree Trimming	<input type="checkbox"/>	Automatic Meter Reading (AMR)	<input type="checkbox"/>
<input type="checkbox"/>	Brush Clearing	<input type="checkbox"/>	Collecting Consumer Accounts	<input type="checkbox"/>
<input type="checkbox"/>	Machinery Used for Clearing Brush	<input type="checkbox"/>	Handling Consumer Concerns	<input type="checkbox"/>
<input type="checkbox"/>	Material Control	<input type="checkbox"/>	Connecting & Disconnecting Meters	<input type="checkbox"/>
<input type="checkbox"/>	Perpetual Inventory	<input type="checkbox"/>	Electronic Mapping Systems	<input type="checkbox"/>
<input type="checkbox"/>	Automotive Maintenance	<input type="checkbox"/>	Load Switching	<input type="checkbox"/>
<input type="checkbox"/>	Electric and Gas Welding	<input type="checkbox"/>	Substation Construction	<input type="checkbox"/>
<input type="checkbox"/>	Regulators, Capacitors, Breakers, & Switches	<input type="checkbox"/>	Line Construction	<input type="checkbox"/>
<input type="checkbox"/>	Underground Experience (Primary and/or Secondary)	<input type="checkbox"/>	Transformer Banks	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Hotline Work, Primary, & Secondary	<input type="checkbox"/>

Driver - Experience and Qualifications

Do you have a valid driver's licenses? _____ Yes _____ No

Please complete the following:

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". **I certify that I do not have more than one motor vehicle license, the information which is listed below.**

State	License No.	Type	Expiration Date

If you have a valid Commercial Driver's License (CDL) please list the Previous Three Residency

_____	_____	# Years _____
(Street)	(City)	(State & Zip Code)
_____	_____	# Years _____
(Street)	(City)	(State & Zip Code)
_____	_____	# Years _____
(Street)	(City)	(State & Zip Code)

Do you have experience with any of the following? _____ Yes _____ No

If yes, please complete the following:

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

Have you ever been involved in an auto accident? _____ Yes _____ No

If yes, please complete the following:

Dates	Nature of Accident (HEAD-ON, REAR-END, UPSET, ETC.)	Fatalities	Injuries
Most Recent Accident			
Next Previous			
Next Previous			

Traffic convictions and forfeitures for the past 3-years (other than parking violations).

Location	Date	Charge	Penalty

Clerical and Secretarial Applicants ONLY

Place an X in the square if you have experience in the following:

<input type="checkbox"/>	10 Key Calculator by Touch
<input type="checkbox"/>	Keyboard – WPM _____
<input type="checkbox"/>	Operator Console / Receptionist
<input type="checkbox"/>	NISC IVUE Software Applications
<input type="checkbox"/>	Microsoft Office Products
<input type="checkbox"/>	Handling Consumer Complaints
<input type="checkbox"/>	Proofreading
<input type="checkbox"/>	Automatic Meter Reading (AMR)
<input type="checkbox"/>	Optical Scanners
<input type="checkbox"/>	Accounts Receivable, Payable, or Payroll
<input type="checkbox"/>	Data Processing
<input type="checkbox"/>	**Computer
<input type="checkbox"/>	
<input type="checkbox"/>	

** Computer (List Software) _____

Authorization

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

I understand that I will be required to pass a pre-employment drug screen, and if hired, I will be subject to FBEC's drug and alcohol testing policy during my employment at random times and/or reasonable suspicion. Refusal to submit to such test(s) may result in immediate dismissal. I understand that I will be required to authorize FBEC's and/or its agent to obtain a criminal background report in order to be considered for hire. The Criminal Background Report and Driving Record will be done annually. If my driving record is unacceptable, my employment may be terminated. I understand that I'm to report any accident or traffic violation incurred while on duty to my immediate supervisor. Any accident or traffic violation incurred while off duty must be reported to my immediate supervisor within five (5) days of occurrence.

I may be required, as a condition of employment, to undergo a physical examination for the purpose of determining whether I am able to perform the essential functions of the job for which I am being considered. I authorize any physician or hospital to release any information that may be necessary to determine my ability to perform the essential functions of the job. Refusing to submit to the physical examination or release of medical information will result in not being considered for employment.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, because employment with FBEC is *at-will*. This application does not constitute a contract for employment for any specified period. I understand that no representative of the employer, other than the Board of Directors, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by the Board of Directors.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I will comply with the policies, rules and regulations of FBEC;

I understand that FBEC can change wages, benefits and conditions at any time.

Signature of Applicant: _____ Date: _____

Authorization and Release to Obtain Information

Under the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit **Fort Belknap Electric Cooperative, Inc.** to obtain a consumer report and/or an investigative consumer report which may include the following: my employment records, driving history records, criminal history, credit history, civil record, workers' compensation (post-offer only), drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as iix from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I understand a copy of this report may be obtained from iix located at 3011 Earl Rudder Fwy. S., College Station, TX 77845-6021. Their telephone number is (866) 560-7015 and fax number is (201) 748-1449.

I hereby authorize iix to obtain and prepare a consumer report as set forth above, as part of its investigation of my employment application on behalf of my employer. I agree that a copy of this authorization has the same effect as an original. This authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's Full Name
(Print Clearly)

Signature

Date