

WOOD COUNTY

ELECTRIC CO-OP

501 S. Main Street
P.O. Box 1827
Quitman, Texas 75783
www.wcec.org

APPLICATION FOR EMPLOYMENT

WOOD COUNTY ELECTRIC COOPERATIVE IS AN EQUAL OPPORTUNITY EMPLOYER. The Cooperative, will recruit, employ, and promote employees in all job classifications without regard to race, color, religion, sex, national origin, age, disability, genetic information or any other legally protected status.

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. If assistance is needed to complete this application, please let us know. We appreciate your time.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____

Date Available: _____ Desired Salary: _____

Position Applied for: _____

Are you legally authorized to work in the United States? YES NO
Have you ever worked for this company? YES NO If so, when? _____
Have you ever applied for a position with this company? YES NO If so, when? _____

Have you ever been convicted of a crime or violation other than a minor traffic infraction? YES NO
If yes, explain: _____

Education

High School: _____
Did you graduate? YES NO Degree: _____

College: _____
Did you graduate?: YES NO Degree: _____

Other: _____
Did you graduate?: YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Employment – Please begin with your current or most recent employer and include U.S. military service.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
YES NO

May we contact your current supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Vehicle Information			
Do you have a valid driver's license? Yes No		If yes, what state?	Driver's License Number:
Class:	Endorsements:	Restrictions:	Expiration Date:
Have you had any traffic related violations or convictions in the last three years? Yes No		If yes, please explain.	

Additional Information			
In order to permit a check of your work and education records, have you ever been known by another name? If yes, identify name(s).			
What days and hours are you available to work?			
Will you work overtime? Yes No	Will you work after hours call-out duty and on-call assignments? Yes No		

Disclaimer and Signature

APPLICANT'S STATEMENT AND AGREEMENT
(Read this Thoroughly and Carefully Before Signing)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also understand and agree that any falsified information or significant omissions may disqualify me from further consideration of employment and, if discovered after I am hired, may result in dismissal. I also affirm that I am making this application because I am sincerely interested in being hired by the Employer, and not for any other purpose.

I also understand that if employment is offered and accepted, such employment is not for any specified term and can be terminated at any time, with or without cause and with or without notice, by either the Employer or me. I further understand that this application is not and is not intended to be a contract of continued employment, and that my at-will employment status cannot be changed except by a written document signed by the Employer's Board of Directors. I further understand that no supervisor, manager or other employee or representative of the Employer, other than the Employer's Board of Directors, has the authority to change the at-will nature of any employment and that any oral promises of employment for a definite period or statements that are otherwise contrary to my at-will status are not binding upon the Employer.

Criminal Background Check

In consideration of my being considered for employment, I authorize a criminal background check, including but not limited to, my past employment and activities, and agree to cooperate in such investigation, and release from all liability or responsibility all persons and businesses requesting or supplying such information.

Pre-Employment Assessment

I understand that I may be subject to a pre-employment assessment.

Drug Screen

I understand that if offered employment I will be required to submit to a drug screening test as a condition of employment. I further understand that refusing to submit to a test, or test results showing any detectable amount of illegal drugs, will subject me to not being considered for employment.

Random Drug Screens

I understand that drug screen tests may be performed on a random basis during my employment and that my refusal to submit to a test will result in immediate job termination.

Medical Examinations

I understand that if I am offered employment I may be required, as a condition of employment, to undergo a medical examination by a physician chosen by the Employer for the purpose of determining whether I am able to perform the essential functions of the job for which I am applying. I hereby authorize any physician, hospital, or other healthcare provider to release any information which may be necessary to determine my ability to perform the essential functions of such job. I understand that refusing to submit to the medical examination will result in my not being considered for employment.

Residing Requirements

I understand that if I am offered employment I will be required to abide by the Employer's residency requirements for purposes of responding quickly to outages and emergency calls and making contributions to the communities the Employer serves.

Code of Ethics and Standards of Conduct

I understand that if I am offered employment I agree to adhere to the Employer's Code of Ethics and Standards of Conduct which encourages and fosters the highest ethical standards promoting values of respect, fairness and integrity.

If offered employment in a position which requires driving while on duty, I understand that being insurable by the Employer's automobile liability insurance carrier, or otherwise having a safe driving record (which includes keeping a valid driver's license); immediately reporting accidents or traffic violations to the Employer; and satisfaction of Department of Transportation and State driving regulations, if applicable, are conditions of my employment or continued employment. If hired, I understand that should I fail to satisfy any of the above requirements I am subject to immediate job termination. I further understand that I may fail to meet these requirements due to traffic violations, regardless of the violation occurring on or off the job, before or during the term of employment.

I understand that the Employer is a subscriber under the Texas Workers' Compensation Act.

I understand and agree that if I am hired I am required to read and abide by all rules and regulations of the Employer governing the conduct of its employees. I hereby acknowledge and agree to abide by the rule which provides that the use or possession of illegal drugs, alcoholic beverages, firearms or weapons of any kind in any office, work location or facility of the Employer is prohibited and I further agree that I will not perform any work for the Employer or its related entities while under the influence of alcohol or any debilitating drug, legal or illegal.

I certify that I am eligible for employment in the United States, and that the documents I furnished, or will furnish, to verify my eligibility are true and correct. I further understand and agree that if offered employment I will have to submit such documents. Failure to submit documents will result in my not being considered for employment.

Signature of Applicant

Date