

Our Company is an equal opportunity employer and does not discriminate against applicants on the basis of race, color, religion, national origin, sex, pregnancy, childbirth or related medical conditions, age, marital status, sexual orientation, gender identity, disability, or military status.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL INFORMATION:

Last Name First name Middle Name Other/Maiden Name

Home Phone Cell Phone Email Address

Provide address(es) for last three (3) years of residence. If none applies enter "same as above" or rewrite. Attach additional sheets if required.

Current: _____
Street Address City State Zip Code How long?

Prior #1: _____
Street Address City State Zip Code How long?

Prior #2: _____
Street Address City State Zip Code How long?

Emergency Contact Name Relationship Home Phone Cell Phone

EMPLOYMENT:

Employment sought: Full-time Part-time Seasonal Temporary

Position applied for: _____ Location desired: _____

Available start date: _____ Desired salary: _____

Have you ever applied to our company before? Yes No If yes, when? _____

Have you ever worked for our company before? Yes No If yes, when? _____

How did you learn of our company/position? _____

Are you or do you expect to be engaged in any other business or employment? Yes No

If yes, specify days/hours you would be unable/unwilling to work: _____

MILITARY:

Have you ever served in the U.S. Armed Forces? Yes No If yes, which branch? _____

GENERAL:

Are you legally authorized to work in the United States? Yes No
(Pursuant to the Immigration Reform and Control Act of 1986, if you are hired you must produce documents which are specified by the Federal Government, establishing your identity and authorization for employment in the United States.)

Are you willing to take a drug screen? Yes No

If applying for a position requiring a CDL license or operating equipment, are you over the age of 18? Yes No

Do you have a valid D.O.T. physical card? Yes (Date issued: _____) No

Have you ever been convicted of any crime (excluding minor traffic violations and marijuana-related charges), including DUI/
DWI? Yes No

If yes, state the offense, location, date and disposition: _____

REFERENCES: (Give three references, not relatives or employers)

Name:	Occupation:	Email Address:
Organization:	Phone Number:	
Address:		

Name:	Occupation:	Email Address:
Organization:	Phone Number:	
Address:		

Name:	Occupation:	Email Address:
Organization:	Phone Number:	
Address:		

EDUCATION:

High School:	Graduate?	Yes	No
Address:			

College:	Graduate?	Yes	No	Degree:
Address:				

Graduate School:	Graduate?	Yes	No	Degree:
Address:				

Vocational School:	Graduate?	Yes	No	Degree:
Address:				

Are you planning to pursue further studies? _____

If so, when, where and what courses? _____

List/describe other schools or specialized training: _____

SPECIALIZED SKILLS:

Have you worked for an electric utility company or organization? Yes No

If yes, what company, where and in what position? _____

Do you type? Yes No Words per minute: _____

Are you experienced with using a computer? Yes No

Do you have experience with 10-key? Yes No

Do you have mailroom experience? Yes No

Do you have experience with:	Word	Excel	PowerPoint	Outlook	Visio	MS Project
(check all that apply)	NiSC/iVue	Cable pulling software	AutoCAD	Esri	Milsoft	

What language(s) do you speak fluently? _____

List any other skills or abilities you feel qualify you for this position: _____

WORK HISTORY:

List names of employers in consecutive order with present/ last employer listed first. Account for all periods of time, including military service and periods of unemployment. If self-employed, give firm name and supply business references. **NOTE: IF YOU ARE APPLYING FOR A DRIVING POSITION, A 10-YEAR DRIVING EMPLOYMENT HISTORY IS REQUIRED.**

Name of Employer:		Name/Title of Supervisor:	
Address:		Employed From (Month/Year):	Employed To (Month/Year):
City, State, Zip Code:		Start Pay:	End Pay:
Phone:		Title:	
Duties:		Reason for Leaving:	
Were you subject to the FMCSR's [†] while employed? Yes No Was your job designated as a safety-sensitive function in any D.O.T.-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes No			
Name of Employer:		Name/Title of Supervisor:	
Address:		Employed From (Month/Year):	Employed To (Month/Year):
City, State, Zip Code:		Start Pay:	End Pay:
Phone:		Title:	
Duties:		Reason for Leaving:	
Were you subject to the FMCSR's [†] while employed? Yes No Was your job designated as a safety-sensitive function in any D.O.T.-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes No			
Name of Employer:		Name/Title of Supervisor:	
Address:		Employed From (Month/Year):	Employed To (Month/Year):
City, State, Zip Code:		Start Pay:	End Pay:
Phone:		Title:	
Duties:		Reason for Leaving:	
Were you subject to the FMCSR's [†] while employed? Yes No Was your job designated as a safety-sensitive function in any D.O.T.-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes No			
Name of Employer:		Name/Title of Supervisor:	
Address:		Employed From (Month/Year):	Employed To (Month/Year):
City, State, Zip Code:		Start Pay:	End Pay:
Phone:		Title:	
Duties:		Reason for Leaving:	
Were you subject to the FMCSR's [†] while employed? Yes No Was your job designated as a safety-sensitive function in any D.O.T.-regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes No			

[†] The Federal Motor Carrier Safety Regulations (FMCSR's) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

A & N Electric Cooperative • 21275 Cooperative Way • P. O. Box 290 • Tasley VA 23441
 Phone: (757) 787-9750 • Toll Free (800) 431-2632 • Fax: (757) 787-9790

Date of Birth: **(CDL DRIVERS ONLY - DOT required)**

If you have answered "yes, you have had a positive test or a refusal to test," do you have documentation of successful completion of the D.O.T. return-to-duty process?

No, I have never had any circumstances of any denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle.

Yes, I have had any circumstances of any denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle.

If yes, please give an explanation setting forth the facts and circumstances of any denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle.

If you are applying for a driving position you must provide a 3-year accident history.

Provide an explanation of what happened and when (month and year):

List all violations, other than for parking, for which you were convicted or forfeited bond or collateral for a three (3) year period preceding the date of the application:

List all unexpired commercial motor vehicle operator's licenses or permits that have been issued:

Driver's License #:	Class:	State:	Endorsements:	Exp. Date:
Driver's License #:	Class:	State:	Endorsements:	Exp. Date:
Driver's License #:	Class:	State:	Endorsements:	Exp. Date:
Driver's License #:	Class:	State:	Endorsements:	Exp. Date:

List the extent of your driving experience in the operation of motor vehicles, including the equipment (i.e. buses, trucks, truck tractors, semi-trailers, full trailers and pole trailers) you have operated.

Type of vehicle

Experience (years/months)[illegible]

AFFIDAVIT

This certifies that this application was completed by me and all entries on it and information in it are true and complete to the best of my knowledge. I understand that any misleading or incorrect statements set forth in my application, resume or any other materials submitted as part of the employment application process or given by me during any interviews will render this application void and will be just cause for refusal of employment and, if employed, would be cause for my termination.

I further agree to waive any and all claims I may have against A & N Electric Cooperative, also referred to as ANEC, and all of their present and former directors, officers, agents, employees, attorneys, partners, and representatives, now or in the future, in any respect, if my employment is terminated because of false statements, answers or omissions made by me in this questionnaire. I understand and agree that if hired, my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason.

I authorize the companies, persons or schools named on this application to give any information regarding my employment record, including a statement of the reason for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment to ANEC. I hereby release said companies, schools and/ or persons from all liability for any damage resulting from issuing this information. It is agreed that the employer or his agents may investigate my criminal history, driving record, credit history, educational records and any and all information of concern to my employment history, as well as Social Security Number verification.

I understand that the taking of drug screens is a condition of my employment and refusal to take such screens when asked will result in my termination. I understand that after reading the applicable position description as an applicant for that position, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I understand that, if hired, I will be required to take a physical examination to determine my ability to perform the tasks stated in the position description. In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the company and understand that my employment is terminable at will, that I am not being employed for any specified time and that this application is not, and is not intended to be, a contract for current or continued employment.

Further, I understand that my employment, with its compensation, can be terminated with or without cause or notice at any time at the option of either the company or myself. I also understand that no manager or representative of the company, other than the President, General Counsel or Human Resources has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I also understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and one of the individuals designated above.

Applicant's Signature

Date

FOR OFFICE USE ONLY - Applicant Reviewed and Hired By:

Cooperative Representative

Date