



CLAY COUNTY CONNECT INC.
CORNING, AR 72422
Phone: 870.857.3521 ~ Fax: 870.857.3523

APPLICATION FOR EMPLOYMENT

Date: _____

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 Company. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form.

The Company, in accordance with state and federal laws, does not discriminate on the basis of race, color, religion, sex (including pregnancy), national origin, age, disability, genetic testing or genetic information, or veteran status. The Company 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.

CLAY COUNTY CONNECT INC IS AN EQUAL OPPORTUNITY EMPLOYER.

PLEASE PRINT

Name: _____
(Last) (First) (Middle)

Address: _____ Telephone No.: _____
(Street)

_____ Email Address: _____
(City) (State) (Zip)

Do you have the legal right to work in the United States? Yes
 No

How were you referred to the Company? _____

Are you a relative, either by blood or marriage, of any employee or Director of the Company? Yes
 No

Have you ever applied for a job with the Company? Yes
If yes, when? _____ No

Have you ever worked at the Company before? Yes
If yes, when? _____ No

Are you at least eighteen years of age? Yes
 No

Position for which you are applying (be specific): _____

Salary Expected: \$ _____ per _____

In what state or states do you possess a valid and current driver's license?

State: _____ License No.: _____ State: _____ License No.: _____

State: _____ License No.: _____ State: _____ License No.: _____

In what state or states have you ever possessed a driver's license?

State: _____ License No.: _____ State: _____ License No.: _____

State: _____ License No.: _____ State: _____ License No.: _____

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 race, color, religion, sex (including pregnancy), national origin, ancestry, age, disability, genetic information, veteran status, or union affiliations.)

Apart from absence for religious observation, are you available to work 40 hours a week 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? Yes No
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? Yes No
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				

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"/> 10-Key | <input type="checkbox"/> Internet | <input type="checkbox"/> Network Software |
| <input type="checkbox"/> A/R and/or A/P | <input type="checkbox"/> Load Management | <input type="checkbox"/> Payroll System |
| <input type="checkbox"/> Amipro | <input type="checkbox"/> Lotus | <input type="checkbox"/> PBX System |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Personal Computer |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Microsoft Windows | <input type="checkbox"/> Proofreading |
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Typing ____ wpm |
| <input type="checkbox"/> Fax Machine | | |

☐ TRADES, CRAFTS, AND TECHNICAL APPLICANTS ONLY

Mark once for knowledge. Mark twice for experience.

- | | |
|---|--|
| _____ Warehousing | _____ Radio communication and operation |
| _____ Computer inventory methods | _____ Pole inspection |
| _____ Lay out work orders | _____ Load management systems |
| _____ Prepare work orders | _____ Meter reading |
| _____ Basic electricity | _____ Collecting consumer accounts |
| _____ Tree trimming | _____ Handling consumer concerns |
| _____ Brush clearing | _____ Connecting and disconnecting meters |
| _____ Clearing machinery | _____ Electrical mapping systems |
| _____ Material control | _____ Load switching |
| _____ Perpetual inventory | _____ Substation construction |
| _____ Automotive maintenance | _____ Line construction |
| _____ Painting and bodywork on vehicles | _____ Transformer banks |
| _____ Electric and gas welding | _____ Regulators, capacitors, breakers and switches |
| _____ Hotline work, primary and secondary | _____ Underground experience, (primary and/or secondary) |
| _____ Electrical hand tools | |
| _____ Electrical safety | |

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:			

Attach additional sheets if necessary.

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

IMPORTANT! READ THIS:

CERTIFICATION

I CERTIFY THAT ALL INFORMATION PROVIDED IN SUPPORT OF MY EMPLOYMENT WITH THE COMPANY, 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 COMPANY, 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 COMPANY 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 COMPANY. 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: _____

EMPLOYMENT REFERENCE CHECK

Employer	Person Contacted	Date	Results

PERSONAL REFERENCE CHECK

Person	Date	Comments

ACTION

- No Action Interview - No Position Offered Position Offered:
- Date: _____
- Position: _____
- Date Accepted: _____