



**CLAY COUNTY ELECTRIC COOPERATIVE CORP.**

\*\*\*\*\*5333 J K J Y C [ '89 ~ P.O. BOX 459

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

The Cooperative, 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 Cooperative 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 ELECTRIC COOPERATIVE CORPORATION 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 Cooperative? \_\_\_\_\_

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

Have you ever applied for a job with the Cooperative?  Yes  No  
If yes, when? \_\_\_\_\_

Have you ever worked at the Cooperative before?  Yes  No  
If yes, when? \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_

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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					

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PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY

List special training or noteworthy achievements. Please attach your resume.

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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**

Place one check for knowledge. Place two checks for experience.

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

\_\_\_\_\_  
\_\_\_\_\_

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**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: \_\_\_\_\_