

EMPLOYMENT RECORD

This section must be completed in detail starting with present or last employer.

Employment Dates Month and Year	Employment	Start	Salary	Final
From	Company Name	Phone Number	\$ Per	\$ Per
To	Address			Zip

Job Title: _____ Supervisor's Name: _____

Duties: _____

Reason for leaving: _____

From	Company Name	Phone Number	\$ Per	\$ Per
To	Address			Zip

Job Title: _____ Supervisor's Name: _____

Duties: _____

Reason for leaving: _____

From	Company Name	Phone Number	\$ Per	\$ Per
To	Address			Zip

Job Title: _____ Supervisor's Name: _____

Duties: _____

Reason for leaving: _____

CHARACTER REFERENCES

Do not refer to previous employers or relatives.

NAME	ADDRESS	PHONE	YEARS KNOWN

Is there any other information, relevant to this position, you would like to provide? _____

"I certify that the information provided in this Application is true, accurate and complete to the best of my knowledge. I understand that misrepresentation or omission of information will result in rejection of my Application or subsequent dismissal from employment."

Signature

Date

Self-Identification Section Completion Is Voluntary

Central Electric Power Cooperative is an equal opportunity employer. It is the Cooperative's policy to provide equal opportunity to all qualified persons, regardless of race, color, age, sex, religion, national origin, veteran status or handicap. This form is used to collect information so that we may analyze and monitor our equal opportunity efforts and to complete aggregate statistical reports required by the federal government. This form is removed from the application prior to the hiring supervisor's review for the application, and is maintained separately from application and personnel files. Providing or failing to provide this information does not adversely affect any consideration you may receive for employment or later advancement in employment.

Position applied for _____

Please Check Appropriate Box For Each Category:

Race/Ethnicity

- Black (not of Hispanic origin)** – All persons having origins in any of the black racial groups of Africa.
- Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
- Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. Please identify with which tribe you are affiliated.
- White (not of Hispanic origin)** – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Sex

- Male
- Female

Veteran

- Disabled Veteran** – Person entitled to disability compensation under law administered by Veterans Administration for disability rated 30% or more **OR** person discharged/released from active duty for disability incurred or aggravated in line of duty.
- Vietnam Era Veteran** – Person who served on active duty for more than 180 days, any part of which occurred between August 5, 1964 to May 7, 1975 and was discharged/released with other than a dishonorable discharge **OR** was discharged/released from active duty for a service-connected disability if such active duty occurred during previously mentioned dates.
- Veteran**

Referral Source: How did you find out about this job?

- State Employment Office
- Newspaper Ad (specify newspaper) _____
- Friend/Relative
- Social/Community Organization (specify) _____
- Current Central Electric Power Cooperative Employee
- Private Employment Agency
- Other Publication (specify)
- Self Referral: Walk-In, Write-In, Phone-In
- Other (specify) _____

Signature _____ Date _____

DEPARTMENT OF TRANSPORTATION INFORMATION

If you were subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by any previous employers, or if any of your previous job functions were designated as safety sensitive functions in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40 complete the remainder of this application.

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

YES ___ NO ___

B. Has any license, permit or privilege ever been suspended or revoked?

YES ___ NO ___

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR AND TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END)	FATALITIES	INJURIES

TRAFFIC CONVICITIONS AND FORFEITURES FOR THE PAST 3 YEARS (NON-PARKING)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)