CARTERETCRAVEN ELECTRIC COOPERATIVE PO BOX 1490, 1300 HIGHWAY 24 Newport, NC 28570-1490 APPLICATION FOR EMPLOYMENT

Date of Application:

It is the practice of Carteret-Craven Electric Cooperative to accept Applications for Employment for existing vacancies only. You must submit a separate application for each position for which you desire to be considered. The application must be completed for us to consider you for employment. As an Equal Opportunity Employer, it is the policy of Carteret-Craven Electric Cooperative to afford equal employment opportunity to all individuals, regardless of race, color, religion, sex, national origin, age, disability, or status as a Vietnam Era, special disabled, or other covered veteran.

1. Position Information			
Position applying for Have you ever applied for a job with If "Yes," please give the dates of app			□ No
Have you previously been employed If "Yes," what was your date of term		-	□ No
2. General Information			
Name:			
Last	First	Middle	
Address:	Address: Home Phone Number:		
	Busin	ess Phone Number:	
If hired, can you furnish proof that y (If unsure of the documentation need requirements.) If "No", please expla	led to prove eligibility to w	vork in the United States, we w	vill explain the legal
When would you be available for wo	ork?		
If hired, can you furnish proof that y Have you been convicted of a felony Note: A "Yes" answer does not auto date and type of job for which you a	v or released from prison in matically disqualify you fr	the past 10 years?	□ No ire of the offense,
Are you charged with an unresolved resulted in a plea of guilty, court tria Note: A "Yes" answer will not autor	l, or a dropping of the char	rge)? □ Yes □ No	

An Equal Opportunity Affirmative Action Employer/M/F/V/D

Are you related by "blood" or marriage to any present Carteret-Craven Electric Cooperative Employee or Director? □ Yes □ No If "Yes," please explain:_____

If hired, will you be able to work during the normal hours and days required for the position for which you are applying? \Box Yes \Box No If "No," please explain:

3. Military Status

Do you have any experience from your military service that would be relevant to the job for which you are applying? \Box Yes \Box No If "Yes," please explain: _____

4. Education & Training

High School	Name: Address: Did you graduate? Graduation Date:	College	Name: Address: Did you graduate? Graduation Date:
Trade School or Other Certified School	Name: Address: Did you graduate? Graduation Date:	Graduate School	Name: Address: Did you graduate? Graduation Date:

Do you have the professional licenses and certifications listed in the job announcement, job advertisement, or job description, or that are necessary to perform the job for which you are applying? \Box Yes \Box No If "No," please explain:

5. Empl	lovment	History
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	Employed From:to
Company Name:	Position Title:
Address:	Duties:
Phone:	Wages/Salary Range: Reason for Leaving:
Supervisor	

Company Name: Address: Phone: Supervisor	Employed From:to Position Title: Duties: Wages/Salary Range: Reason for Leaving:
Company Name:	Employed From:to Position Title: Duties: Wages/Salary Range:

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6. Personal References
Name:
Address:
Home Phone Number:
Business Phone Number:
Years Known:
Name:
Address:
Home Phone Number:
Business Phone Number:
Years Known:
Name:
Address:
Home Phone Number:
Business Phone Number:
Years Known:

7. Additional Comments

Clerical and Secretarial Applicants Only

Word Processing	Proofreading	Typing
Handling Customer Concerns	Accounts Payable/Receivable	Cashiering
Calculating Machine	Payroll	General Computer Skills
Microsoft Word and Excel	Data Process Entry	Call Centers

Place a 1 (one) if you have knowledge. Place a 2 (two) if you have experience.

Trades, Crafts and Technical Applicants Only

Place a 1 (one) if you have knowledge. Place a 2 (two) if you have experience.

Warehousing	Radio Communication and Operation
Computer Inventory Method	Pole Inspection
Layout Work Orders	Load Management Systems
Prepare Work Orders	Meter Reading
Basic Electricity	Collecting Consumer Accounts
Forestry Tree Trimming	Handling Consumer Accounts
Forestry Brush Clearing	Connecting and Disconnecting Meters
Forestry Clearing Machinery	Electrical Mapping Systems
Material Control	Load Switching
Perpetual Inventory	Line Construction
Automotive Maintenance	Transformer Banks
Painting and Bodywork on Vehicles	Regulators, Capacitors, Breakers, and Switches
Electric and Gas Welding	Hotline Work, Primary and Secondary
Electrical Hand tools	Underground (Primary and/or Secondary)
Electrical Safety	Personal Computer

Professional Managerial Applicants Only

List special job-related training. Please attach your resume.

Professional Managerial Applicants Only

I hereby authorize Carteret-Craven Electric Cooperative to investigate all statements contained in this application. I understand that misrepresentation or omission of material facts will be a cause for immediate dismissal without notice.

I understand that passing an employment entrance examination by the Carteret-Craven Electric Cooperative physician is required after employment has been offered to determine physical fitness as related to job requirements. The corporate physician is hereby authorized to discuss the results of the medical examination, as it relates to work activities, with the appropriate Carteret-Craven personnel. I certify, as a condition of my employment, that all information given on this application is correct, and that I will comply with all the rules and regulations of this corporation that are in effect now and any others that may be instituted at a later date. I also agree to follow all health and safety regulations including the use of safety equipment at all times on the job.

I also authorize the release of information with regard to my behaviors, ability, employment and character and agree to hold any persons contacted harmless with respect to any information they may give.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures or handbooks that I might receive, is intended to provide an employment contract between Carteret-Craven Electric Cooperative and myself. No promises regarding employment have been made to me, and I understand that I have the right to terminate my employment at any time, for any reason or for no reason, and Carteret-Craven Electric Cooperative retains a similar right regarding the discontinuation of my employment, subject to the full extent of the law.

I understand that my employment is conditioned also upon the results of an employment entrance urine drug screen for which I submitted or will submit a specimen for testing. I realize that any positive result not caused by the presence of a legitimately prescribed prescription drug will cause my being refused employment or dismissed if the results of the test are received after my initial employment date.

Signature

Date

THIS FORM MUST BE USED ONLY IF ON A SHEET THAT IS SEPARATED FROM THE EMPLOYMENT APPLICATION BEFORE IT IS SEEN BY ANY PERSON OR PERSONS MAKING THE HIRING-DECISION.

It must be kept in a separate file and used for statistical purposes only.

APPLICANT DATA RECORD

As a government contactor we abide by the requirements of 41 CFR 60-300.S(a) and 60-741.S(a). These regulations prohibit discrimination against qualified individuals on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

As an employer taking affirmative action to ensure the removal of any possible discrimination and to help comply with governmental record-keeping requirements, we would appreciate your completing the form in this box. However, COMPLETION OF THIS BOX IS STRICTLY VOLUNTARY. This data will be kept in a confidential file, SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT.

NAME (Please Print)

Date:

Position Applied for: (list one, only)

- \circ I am protected veteran, but I choose not to self-identify the classification to which I belong.
- \circ I am NOT a protected veteran.

PERSONAL TRAITS:

Check One: • Male • Female

Check One: • White (Not Hispanic or Latino)

- \circ Black or African American
- \circ Hispanic or Latino
- \circ Native Hawaiian or Other Pacific Islander

 \circ Asian

- American Indian/Alaskan Native
- \circ Two or More Races

Check If Applicable:

- \circ Recently Separated Veteran
- o Active Duty Wartime or Campaign Badge Veteran