

# Southside Electric Cooperative

Human Resources Department

P.O. Box 7

Crewe, VA 23930

(434) 645-7721

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Note: Applicants applying for positions that require them to drive Cooperative vehicles must also fill out the Driver's Supplemental Application for Employment.

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. This application remains active for six months.

**All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, national origin, disability or veteran status.**

### PLEASE PRINT

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
(Street)

\_\_\_\_\_ Alternate No.: \_\_\_\_\_  
(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: \_\_\_\_\_ State: \_\_\_\_\_

State: \_\_\_\_\_ State: \_\_\_\_\_

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

State: \_\_\_\_\_ State: \_\_\_\_\_

State: \_\_\_\_\_ State: \_\_\_\_\_

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, pregnancy, childbirth or related medical conditions, marital status, national origin, age, disability, veteran status, or union affiliations.)

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

Apart from absence for religious observation, are you available to work from 8 a.m. to 5 p.m., 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?  
 If yes, give details, including jurisdiction (state and county) where such conviction occurred.

Yes  
 No

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**THE FOLLOWING QUESTIONS SHOULD BE ANSWERED.**

**EDUCATION**

	School Name	Address	No. of Years Attended	Degree	Major
High					
College					
Other					
Courses now studying					

**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"/> Personal Computer          | <input type="checkbox"/> Accounts receivable, payable, or payroll systems | <input type="checkbox"/> Word        |
| <input type="checkbox"/> Handling consumer concerns | <input type="checkbox"/> Data process entry                               | <input type="checkbox"/> Excel       |
| <input type="checkbox"/> Calculator                 |   | <input type="checkbox"/> Power Point |
| <input type="checkbox"/> Proofreading               |   |                                      |

**TRADES, CRAFTS, AND TECHNICAL APPLICANTS ONLY**

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

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

**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

Address

Phone Number

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**IMPORTANT! READ THIS:**

**CERTIFICATION**

**I CERTIFY THAT ALL INFORMATION PROVIDED IN SUPPORT OF MY EMPLOYMENT WITH THE CO-OPERATIVE, 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/CEO 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.**

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Signature of Applicant

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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: \_\_\_\_\_

## Southside Electric Cooperative

### Voluntary Self-Identification of Race, Ethnicity and Gender

Southside Electric Cooperative (hereinafter "the Cooperative" is subject to certain federal governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Cooperative invites applicants/employees to voluntarily self-identify their race, ethnicity and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported annually to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

#### ETHNICITY

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

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#### RACE

- American Indian or Alaska Native (not Hispanic or Latino)* - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian (not Hispanic or Latino)* - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American (not Hispanic or Latino)* - A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)* - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (not Hispanic or Latino)* - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races (not Hispanic or Latino)* - All persons who identify with more than one of the above five races.

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#### GENDER

- Male
- Female

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Applicant's/Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If an employee declines to self-identify, employment records or observer identification may be used.