

**Southside Electric Cooperative**  
Human Resources Department  
P.O. Box 7  
Crewe, VA 23930  
(434) 645-7721

**APPLICATION FOR EMPLOYMENT**

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

Position for which you are applying (be specific): \_\_\_\_\_

*Note: Applicants applying for positions that require them to drive Cooperative vehicles must also complete the Driver Application.*

This application will be considered only for the vacant position for which you are applying. To be considered for other vacant positions, an updated application is required. The following information is requested to help us make the best possible placement within the Cooperative. All portions of this application pertaining to you must be completed even if a resume is provided. 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.**

**THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.**

**PLEASE PRINT**

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

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
(Street Address)

\_\_\_\_\_ **Email:** \_\_\_\_\_  
(City) (State) (Zip)

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

How did you hear about this position? \_\_\_\_\_

Have you ever worked at the Cooperative before? Yes No

If yes, when? \_\_\_\_\_

Are you at least eighteen years of age? Yes No

If you are selected for employment, on what date can you start work? \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

*(Please refer to the job advertisement for the essential functions of the job for which you are applying.)*

Salary Expected: \$\_\_\_\_\_ per \_\_\_\_\_

In what state do you possess a valid, current driver's license? \_\_\_\_\_

In what state(s) have you ever possessed a driver's license? \_\_\_\_\_

Apart from absence for religious observation, are you available to work the specified hours for this position? Yes No  
If no, 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, provide details including county and state where the 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, provide details including county and state where the conviction occurred.

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

**SPECIAL TRAINING AND SKILLS**

List special training, skills, and noteworthy achievements you have that are relevant to the position for which you are applying. Please include your resume as a separate document.

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

**PROFESSIONAL AND TECHNICAL MEMBERSHIPS**

List membership in any professional or technical organizations that are related to the position for which you are applying. (Exclude memberships that may disclose your race, color, religion, sex, sexual orientation, gender identity, age, national origin, disability or veteran status.)

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

<b>EDUCATION</b>	School Name	Address	# of Years Attended	Degree	Major
High School					
College/University					
Technical School					
Other					
Current Studies					

**Please rate your skill level on the following items using the following scale. (Leave blank if no knowledge or skill) 1-Knowledge only | 2-Beginner | 3-Functional | 4-Intermediate | 5-Advanced**

**Skill**

- \_\_\_\_\_ Basic electricity
- \_\_\_\_\_ Electrical safety
- \_\_\_\_\_ Line construction
- \_\_\_\_\_ Underground experience (primary or secondary)
- \_\_\_\_\_ Hot line work (primary and secondary)
- \_\_\_\_\_ Pole inspection
- \_\_\_\_\_ Connecting and disconnecting meters
- \_\_\_\_\_ Electrical mapping systems
- \_\_\_\_\_ Load management systems
- \_\_\_\_\_ Load switching
- \_\_\_\_\_ Transformer banks
- \_\_\_\_\_ Substation construction
- \_\_\_\_\_ Regulators, capacitors, breakers, switches
- \_\_\_\_\_ Prepare work orders
- \_\_\_\_\_ Execute work orders
- \_\_\_\_\_ Warehousing
- \_\_\_\_\_ Computer inventory methods
- \_\_\_\_\_ Material control

**Skill**

- \_\_\_\_\_ Clearing machinery
- \_\_\_\_\_ Electrical hand tools
- \_\_\_\_\_ Tree trimming
- \_\_\_\_\_ Brush Clearing
- \_\_\_\_\_ Radio communication and operation
- \_\_\_\_\_ Vehicle maintenance
- \_\_\_\_\_ Vehicle body work
- \_\_\_\_\_ Handling consumer concerns
- \_\_\_\_\_ Collections
- \_\_\_\_\_ Microsoft Outlook
- \_\_\_\_\_ Microsoft Word
- \_\_\_\_\_ Microsoft Excel
- \_\_\_\_\_ Microsoft Power Point
- \_\_\_\_\_ Crystal Reports
- \_\_\_\_\_ NISC iVUE
- Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Employment Information

*(Please list any additional employers on your resume.)*

Employer	Job Title
Employment Dates (Beginning/Ending)	Supervisor
Address	Reason for Leaving
Phone Number	Current Rate of Pay

Summary of your duties

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Summary of your duties

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<b>PROFESSIONAL REFERENCES (NOT FRIENDS OR RELATIVES)</b>
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Name	Relationship	Email Address	Telephone
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**IMPORTANT! Please read before signing and submitting your application and resume.**  
***Initial each paragraph.***

**APPLICANT'S 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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 a drug and alcohol screening to determine the presence or use of alcohol and/or illegal controlled substances.

Once you click in the Signature block, please follow prompts to Sign with a Digital ID. It is not necessary to print and sign the application manually.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

You will have an opportunity to attach a resume, cover letter, or email introduction, and any voluntary self-identification documents once you click SUBMIT.