


Application for Employment

(We are an equal employment opportunity employer)

Each inquiry on this application must be fully answered or completed.
Otherwise you will not be considered for employment.



Your Touchstone Energy® Partner 

Mecklenburg Electric Cooperative
P.O. Box 2451
11633 Highway 92
Chase City, VA
23924-2451
Phone: 434-372-6100
Fax: 434-372-6201
www.meckelec.org

Please click on "SUBMIT APPLICATION" button at the end of the application when you are finished.

PERSONAL DATA

Name:	<input type="text"/>	How long have you lived here:	Years: <input type="text"/>	Months: <input type="text"/>
Address:	<input type="text"/>	Are you 18 years of age or older?	<input type="radio"/> yes <input type="radio"/> no	
City / State:	<input type="text"/>	Position Applying for:	<input type="text"/>	
Zip/Postal Code:	<input type="text"/>	Pay Desired:	<input type="text"/>	
SS Number:	<input type="text"/>	When are you available to begin work?	<input type="text"/>	
Home Phone:	<input type="text"/>	<input type="radio"/> Full-Time <input type="radio"/> Part-time <input type="radio"/> Temporary		
Cell Phone:	<input type="text"/>			

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>
College Bus. or Trade School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graduate/Professional	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trade or Correspondence	<input type="text"/>	<input type="text"/>	<input type="text"/>

List any professional designations, certificates, licenses, or courses that may be applicable to the position for which you are applying:

Computer PC Mac Both

Applications (List all that apply)

Continue on the next page

Previous Employment

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Include part-time and seasonal employment. If self-employed, give firm name and supply business references. DO NOT ANSWER "SEE RESUME." Fill out this form completely.

1. Name of Employer:

Dates of employment:

From:

To:

Name of last supervisor:

Salary:

From:

To:

Complete Address:

Phone # with area code:

Last job title:

Reason for Leaving:

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

2. Name of Employer:

Dates of employment:

From:

To:

Name of last supervisor:

Salary:

From:

To:

Complete Address:

Phone # with area code:

Last job title:

Reason for Leaving:

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

3. Name of Employer:

Dates of employment:

From:

To:

Name of last supervisor:

Salary:

From:

To:

Complete Address:

Phone # with area code:

Last job title:

Reason for Leaving:

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Continue on the next page

Professional References * (Other than supervisors listed)

Name	Address	Telephone	How do you know this person?

DRIVING INFORMATION (Complete only if driving is an essential function of the job for which you are applying)

Do you have a current valid driver's license? Yes No If yes, license No. State: Expiration Date:

If you do not have a driver's license for the state in which you currently reside, why not?

Has your license ever been suspended or revoked? Yes No

If yes, explain:

Do you have personal automobile insurance? Yes No

If no, explain

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended? Yes No

If yes, explain:

Have you ever been convicted, pled guilty or pled nolo to a charge of DWI or DUI? Yes No

Are any such charges currently pending against you? If yes to either question, explain:

Please list all moving traffic violations in the last five (5) years:

Offense	Date	Location	Comments

BACKGROUND INFORMATION

Please explain fully any gaps in your employment history. Be sure to account for all periods of time including military service and any period of unemployment.

List any other names which you may have used and which will be necessary to verify prior to your employment

If hired, can you provide proof that you are legally entitled to work in the U.S.? Yes No

If not, what steps must be taken for you to begin employment lawfully?

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain circumstances:

May we contact your previous employers? Yes No

If no, please explain:

Have you ever worked for this cooperative before? Yes No

If yes, please give dates and position:

No relative (spouse, child, grandchild, brother, sister, parent, grandparent, by blood or marriage) of a member of the cooperative's employees, may be hired by Mecklenburg Electric Cooperative. Are you related to any of the listed groups? Yes No

If yes, name(s) and relationship:

How were you referred to us?

Have you ever plead "no contest," nolo, or guilty to a crime, or been convicted of a crime? Yes No

Are any charges currently pending against you? Yes No

Has any adjudication ever been withheld? Yes No

(NOTE: Answering "yes" to these questions does not constitute an automatic bar to employment.) If you answered yes to any of the preceding questions, please give dates and details:

Do you have any commitments to any other employer which may affect your employment? Yes No

If yes, explain:

Pre-Employment Voluntary Survey

(We are an Equal Employment Opportunity Employer.) The cooperative is committed to providing equal opportunity in employment, including but not limited to selection, hiring, assignment, re-assignment, promotion, transfer, compensation, discipline, and termination. The cooperative prohibits discrimination in employment based on race; color; religion; national origin; sex (including same sex); pregnancy, or related medical conditions; age; disability or handicap; veteran status; or any other category protected by federal, state or local law.

This voluntary survey assists us in complying with government record keeping, reporting, and other legal requirements. We make periodic reports to the federal government regarding the data below. Your completion of this Voluntary Survey is optional. If you choose to volunteer the requested information please note that this form is kept in a Confidential File and is not a part of your Application for Employment or personnel file.

YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Government agencies require periodic reports on the sex, ethnicity, handicap, veteran, and other protected status of applicants and employees. This data is for statistical analysis with respect to the success of the cooperative's Affirmative Action program.

Name: Date:

Address:

City: State: Zip Code:

Check One Male Female

Are You Hispanic or Latino Yes No

If No, check only one box below

- White (Not Hispanic or Latino) (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
- Black or African American (Not Hispanic or Latino) (A person having origins in any of the black racial groups of Africa, includes Jamaican and West Indian.)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) (A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- 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.)
- American Indian or Alaska Native (Not Hispanic or Latino) (A person having origins in any of the original peoples of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.)
- Two or More Races (Not Hispanic or Latino) (All persons who identify with more than one of the above five races.)

APPLICANT'S STATEMENT

I understand that the cooperative is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by federal, state, or local law.

The policy includes, but is not limited to, upgrading, demotion, transfer, recruitment advertising, layoff or termination, rates of pay, or other forms of compensation and selection for training or apprenticeship, and will not permit supervisory personnel to discriminate on these grounds in carrying out their assignment.

I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give the cooperative or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release such parties from all liability for any damages that may result from furnishing same to the cooperative. I also authorize the cooperative to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I understand that the cooperative reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the cooperative or its designee. I release the cooperative and its designee from any and all liability and damages which may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other cooperative documents are not promises of employment. Should I be employed, I understand that I will remain an at-will employee at all times. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice, and that the cooperative has a similar right. I understand that no manager, representative, or agent of the cooperative has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the CEO & General Manager may do so in writing.

The information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the cooperative's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

This application will be considered only for the position for which I am applying. To be considered for other positions, I must reapply.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.

Please acknowledge your acceptance or rejection of the stated conditions and requirements by making the appropriate selection and entering your full name and date.

Yes I accept No, I do not accept

Date

Full Name

Please save or print before you submit!

