
FAYETTE ELECTRIC COOPERATIVE, INC.
APPLICANT INSTRUCTIONS

Thank you for your interest in employment with our Cooperative. We appreciate your application, and look forward to the possibility of you joining our team. This sheet is for your information. Please read it carefully.

If you need any assistance or accommodation to facilitate the filling out of this form or during any of the application process, please notify the person who gave you this form and every effort will be made to provide you with the help you request.

Please print all information so it can be easily read. Be certain that all questions are **completely** answered. Incomplete information forms will not be considered. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. If you need additional space, you may use the back of the form.

This application form is intended for use in evaluating your qualifications for employment. This is not a contract for employment. False or misleading information given in this form or during the interviewing process are grounds for terminating the application process or, if discovered after employment, for terminating employment. A background check and/or consumer report may be requested by the Cooperative.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, and work experience. Credentials and experience will be verified through schools, former employers, and any other applicable sources. As an Equal Opportunity Employer, we make decisions to hire and promote without regard to race, color, national origin, religion, sex, age, disability or other legally protected status.

You should understand that the position for which you are applying is considered at-will, which means that either you or the Cooperative can terminate employment for any reason or no reason at any time. No one except the Cooperative General Manager has the authority to amend this agreement.

Our business is a subscriber to Workers' Compensation of Texas.

We appreciate your interest.

I have read and understood the above information.

Applicant Signature _____ Date _____

APPLICATION FOR EMPLOYMENT

(Please Print)

Position Desired _____ Date _____

How did you learn about us?

☐ Advertisement ☐ Friend ☐ Walk-In ☐ Relative ☐ Other

Name (Last) _____ (First) _____ (Middle) _____

Address _____ City _____ State _____ Zip _____

Telephone Number(s) _____

Are you over 18 years of age? ☐ Yes ☐ No

If you are under 18 years of age, can you provide proof of your eligibility to work? ☐ Yes ☐ No

Did you receive a copy of the Job Description for the position? ☐ Yes ☐ No

Are you physically or otherwise unable to perform the duties of the job for which you are applying?
☐ Yes ☐ No

If yes, please describe. _____

Are you currently employed? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Are you legally authorized to work in the United States? ☐ Yes ☐ No
Proof of identity and work authorization will be required upon employment.

On what date would you be available for work?

☐ Availability: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Can you travel if a job requires it? ☐ Yes ☐ No

Have you ever been convicted or pled guilty or no contest to a felony offense? ☐ Yes ☐ No

For purposes of employment with Fayette Electric Cooperative, Inc., "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.

City/State _____ Charge _____

*Please explain: _____

**Conviction of a felony will not necessarily bar you from employment.*

EDUCATION

Highest grade completed in school or degree obtained? (include major) _____

Name and location of last school attended: _____

Current Certifications/Licenses held: _____

List any names of friends or relatives currently employed by Fayette Electric Cooperative, Inc.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

(last 10 years-attach additional sheets if necessary)

Start with your present or last job. You may also include any activities which you believe demonstrate your qualifications for the position applied. "See Resume" is not acceptable.

CURRENT OR MOST RECENT EMPLOYER:

Name _____	Address _____
Telephone _____	Supervisor _____
Position _____	Duties _____
Dates of Employment _____	Starting Salary _____ Ending Salary _____
Reason for leaving _____	

NEXT PREVIOUS EMPLOYER:

Name _____	Address _____
Telephone _____	Supervisor _____
Position _____	Duties _____
Dates of Employment _____	Starting Salary _____ Ending Salary _____
Reason for leaving _____	

NEXT PREVIOUS EMPLOYER:

Name _____	Address _____
Telephone _____	Supervisor _____
Position _____	Duties _____
Dates of Employment _____	Starting Salary _____ Ending Salary _____
Reason for leaving _____	

Complete the following information only if applying for a position that requires use of a vehicle while conducting Cooperative business. If hired, your information will be verified with a Motor Vehicle Report.

How many traffic violations have you had during the last two years? _____

Drivers License Number: _____, State _____

REFERENCES

Name only those persons who are familiar with your work capabilities. Do not list relatives.

Name _____ Phone _____

Company _____ Email _____

Position _____ Years Known: _____

Name _____ Phone _____

Company _____ Email _____

Position _____ Years Known: _____

Name _____ Phone _____

Company _____ Email _____

Position _____ Years Known: _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are accepted at that time.

I understand that I may be required to successfully complete a pre-employment physical examination conducted by a Cooperative-authorized physician and that I may be required to successfully complete a pre-employment drug/alcohol screening after a job offer of employment has been made.

Signature of Applicant _____ Date _____