



An
Equal Opportunity
Employer

Fort Belknap Electric Cooperative, Inc.

APPLICATION FOR EMPLOYMENT

P.O. Box 486
Olney, Texas 76374

This Employer, in accordance with federal, state and local laws, does not discriminate on the basis of race, color, religion, national origin, sex, age, physical handicap, disability, or any other legally protected status.

Note: Applicants may request any accommodation needed to participate in the application process.

Note: This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability.

(PLEASE PRINT)

Date of Application _____

Name _____
(Last) (First) (Middle)

Address _____
(Street, City, State & ZIP Code)

Telephone (Check which preferred) Home _____
 Business _____

Position Desired _____ Full-Time / Part Time / Other (Circle one)

Date Available _____

Have you ever applied for a position with us? Yes No If "yes" when? _____
Have you ever been employed by us? Yes No If "yes" when? _____
Are you currently employed? Yes No

EDUCATIONAL DATA

SCHOOL	PRINT NAME OF SCHOOL, CITY & STATE	NO. OF YRS. COMPLETED	DEGREE	MAJOR COURSE OF STUDY
High School				
College				
Graduate School				
Trade, Business, Night, or Corres.				
Other				

Employment History

In the following spaces give a complete record of your employment including periods of unemployment, if any. Begin with your most recent employment and work back. If additional space is needed, attach a supplementary sheet.

1. Employer		Employed	Starting Position
Address		From _____ Mo./Yr.	Last Position
Telephone		To _____ Mo./Yr.	Other Positions Held
Starting Salary	Final Salary		Immediate Supervisor

Duties

Reason for Leaving

2. Employer		Employed	Starting Position
Address		From _____ Mo./Yr.	Last Position
Telephone		To _____ Mo./Yr.	Other Positions Held
Starting Salary	Final Salary		Immediate Supervisor

Duties

Reason for Leaving

3. Employer		Employed	Starting Position
Address		From _____ Mo./Yr.	Last Position
Telephone		To _____ Mo./Yr.	Other Positions Held
Starting Salary	Final Salary		Immediate Supervisor

Duties

Reason for Leaving

Additional Inquiries Concerning Employment History

(In responding to these inquiries, continue on a separate sheet if you require additional space.)

1. May we contact your present employer? Yes No Previous employers? Yes No
Please identify any exceptions and reasons for not contacting.

2. In order to permit a check of your work and education records, have you ever been known by another name? Yes No
(An affirmative response will not automatically disqualify you from being considered for employment.)
If "yes", identify names and relevant dates.

3. Have you ever been dismissed or forced to resign from any employment Yes No
(An affirmative response will not automatically disqualify you from being considered from employment.) If "yes", please explain.

Other Special Skills

Describe any other special job-related skills or qualifications (e.g., military experience and training, computers, professional association, etc.) that would be valuable to the position for which you are applying.

Experience Summary (For clerical and administrative functions only.)

Indicate below the kinds of work which you have done:

- | | | |
|--|---|--|
| <input type="checkbox"/> Typing (wpm _____) | <input type="checkbox"/> Photocopying Equipment | <input type="checkbox"/> Videotape Equipment |
| <input type="checkbox"/> Word Processing Equipment | <input type="checkbox"/> Computers | <input type="checkbox"/> Mail Room |
| Type(s) _____ | Type(s) _____ | <input type="checkbox"/> Messenger |
| <input type="checkbox"/> Dictaphone | <input type="checkbox"/> Switchboard | <input type="checkbox"/> File Room |
| <input type="checkbox"/> Shorthand (wpm _____) | <input type="checkbox"/> Telecopier | <input type="checkbox"/> Telex |
-

Miscellaneous Information

(In responding to these inquiries, continue on a separate sheet if you require additional space.)

1. If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or verification of you legal right to work in the U.S.? Yes No
2. If employment is offered, can you produce personal identification such as a U.S. passport, a driver's license or photographic identification card issued by the State? Yes No
3. Do you have a valid Texas driver's license? Yes No
(A negative response will not automatically disqualify you from being considered for a non-driving position.)
If "yes", what is your driver's license number? _____
4. Are you over 18 years of age? Yes No
5. Please review the job description of the job for which you are applying. Are you able, with or without accomodation, to perform all the essential functions of the job? Yes No
(A negative response will not automatically disqualify you from being considered for employment.)

If accomodation is needed, you are invited, but not required, to help us comply with our obligations under the Americans With Disabilities Act by describing what you think could be done to accomodate you.

6. Have you ever been convicted of a felony? Yes No
(An affirmative response will not automatically disqualify you from being considered for employment.)
If "yes", please explain.

7. If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements? Yes No
8. Are you willing to work overtime if requested? Yes No Not Applicable
-

Applicant's Statement

READ THIS AGREEMENT THOROUGHLY AND CAREFULLY BEFORE SIGNING.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also understand and agree that any falsified information or significant omissions may disqualify me from further consideration for employment and, if discovered after I am hired, may result in dismissal. I also affirm that I am making this application because I am sincerely interested in being hired by the Employer, and not for any other purpose.

I also understand that if employment is offered and accepted, such employment is not for any specified term and can be terminated at anytime, with or without cause and with or without notice, by either the Employer or me. I further understand that this application is not and is not intended to be a contract of continued employment and that my at-will employment status cannot be changed except by a written document signed by the President of the Board of Directors of Fort Belknap Electric Cooperative, Inc. I further understand that no supervisor, manager or other employee or representative of the Employer, other than the Board of Directors of Fort Belknap Electric Cooperative, Inc., has the authority to change the at-will nature of any employment and that any oral promises of employment for a definite period or that are otherwise contrary to my at-will status are not binding upon the Employer.

In consideration of my being considered for employment, I authorize a thorough investigation of my past employment and activities (except those employers I have requested not be contacted above), agree to cooperate in such investigation, and release from liability or responsibility all persons and businesses requesting or supplying such information.

I understand that if offered employment, I will be required to submit to a drug screening test as a condition of employment. I further understand that refusing to submit to a test, or test results showing any detectable amount of illegal drugs, may result in my not being considered for employment.

I understand and agree that if I am hired I am required to read and abide by all rules and regulations of the Employer governing the conduct of its employees. I hereby acknowledge and agree to abide by the rule which provides that the use or possession of illegal drugs, alcoholic beverages, firearms or weapons of any kind in any office, work location or facility of the Employer is prohibited and I further agree that I will not attempt to perform any work for the Employer or its related entities while under the influence of alcohol or any debilitating drug, legal or illegal.

I understand that during my employment I may be required to take a breathalyzer test for the purpose of determining any measurable amounts of alcohol in my body. I also understand that drug screen tests may be performed on a random basis during my employment and that my refusal to submit to a drug or alcohol test may result in immediate job termination.

I understand that if I am offered employment, I will be required, as a condition of employment, to undergo a physical examination for the purpose of determining whether I am able to perform the essential functions of the job for which I am applying. I hereby authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of such job. I understand that refusing to submit to the physical examination may result in my not being considered for employment.

I understand that the Employer is a subscriber under the Texas Worker's Compensation Act..

If offered employment in a position which required driving while on duty, I understand that being insurable by the Employer's automobile liability insurance carrier, or otherwise having a safe driving record (which includes keeping a valid driver's license); immediately reporting any accidents or traffic violations to the Employer; and satisfaction of Department of Transportation and State driving regulations, if applicable, are conditions of my employment or continued employment. If hired, I understand that my employment may be terminated should I fail to satisfy any of the above requirements. I further understand that I may fail to meet these requirements due to traffic violations, regardless of fault, occurring on or off the job, before or during the term of employment.

I certify that I am eligible for employment in the United States, and that the documents I furnish, or will furnish, to verify my eligibility are true and correct. I further understand and agree that if offered employment I will have three days to submit such documents. Failure to submit documents within three days will result in my not being considered for employment.

Signature of Applicant

Date

Note: This application will be retained for active consideration for employment for three months. Applicant can continue to be considered for employment after that date by calling the Employer's hiring office and indicating that he/she is still available for employment. After six months, it will be necessary that the applicant complete a new application if he/she still wishes to be considered for employment.

FOR OFFICE USE ONLY

Interviewed by/Date	Interviewed by/Date
---------------------	---------------------