

Employment Application

This Company does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age with respect to persons 18 years or older. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations.

This Company Intends to check and hold you responsible for the accuracy of the statements you make on this application. This application will receive consideration for **ninety (90) days**. If you have not heard from the Company within ninety days and wish to receive further consideration for employment, it will be necessary to complete another application form.



Roanoke Electric Cooperative

Your Touchstone Energy® Partner



P O BOX 440
409 N MAIN ST.
RICH SQUARE, NC 27869-0440
Business (252) 539-2236
Fax (252) 539-3021
www.roanokeelectric.com

Roanoke Electric Cooperative places great emphasis on customer service, teamwork, problem solving, and innovation. We look for people who exemplify these qualities and are willing to work hard for our membership. Roanoke Electric Cooperative is an equal opportunity employer.

Applicant Name _____

Today's Date _____

Personal Information (Please Print Clearly)

Last Name	First Name	Middle Name
Street Address _____		
City _____	State _____	Zip Code _____
Previous address if less than 5 years at current address _____		

Home Phone _____	Work Phone _____	
Fax _____	E-Mail _____	

I understand that upon employment, proof of legal right to work in the United States and completion of I-9 form will be required.

Are you eligible to work for any United States employer at this time? Yes No

If you are under 18 years of age, do you have a work permit? Yes No

Have you ever been convicted of a felony? Yes No If yes explain _____

Do you have a valid driver's license? Yes No License # _____ Expires _____

Do you have a valid Commercial Driver's License (CDL)? Yes No License # _____ Expires _____

Can you travel if the position requires travel? Yes No

If you have ever worked under or earned degrees under another name, please list below:

Last Name	First Name	Middle Name
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Position Desired

Position Applied for _____

How did you learn of this vacancy? _____

Salary Desired (Annual) \$ _____ Date Available _____

Are you able to perform the essential functions of this position? Yes No

If no, what accommodation would make it possible for you to perform this job? _____

Have you previously been employed by Roanoke Electric Cooperative or another electric cooperatives? Yes No

If yes, indicate position, department, and dates: _____

Do you have any relatives employed at Roanoke Electric Cooperative or on the Board of Directors? Yes No

If Yes, who? _____

Roanoke Electric Cooperative is an equal opportunity employer and recruits, advertises, employs, promotes, transfers, disciplines, and discharges without regard to race, color, religion, national origin, age, sex, marital status, ancestry, physical or mental disability, or veteran status.

Education and Training

Indicate Last Level of Education Completed

High School 1 2 3 4 College or University 1 2 3 4 Graduate School 1 2 3 4

Type of Education	Name and Location (City, State, Country)	GPA	Did you graduate?	Major and Minor	Degree Earned

Professional certifications and licenses (such as CPA) _____

Computer skills (software programs, hardware, operating systems) _____

Other skills or experience that are pertinent to the job applied for _____

Employment History (Please Print Clearly)

MUST BE COMPLETED EVEN IF ATTACHING YOUR RESUME.

List your last three employers with the most recent first.

If you are currently employed, may we contact your employer? Yes No

Previous Employer _____

Dates Employed—From _____ To _____
Month/Year Month/Year

Starting Salary _____ Ending Salary _____

Contact's Phone Number _____ Address _____

Supervisor's Name _____ Supervisor's Job Title _____

Your Job Title _____ Your Duties _____

Reason for leaving _____

Previous Employer _____

Dates Employed—From _____ To _____
Month/Year Month/Year

Starting Salary _____ Ending Salary _____

Contact's Phone Number _____ Address _____

Supervisor's Name _____ Supervisor's Job Title _____

Your Job Title _____ Your Duties _____

Reason for leaving _____

Previous Employer: _____

Dates Employed—From _____ To _____
Month/Year Month/Year

Starting Salary _____ Ending Salary _____

Contact's Phone Number _____ Address _____

Supervisor's Name _____ Supervisor's Job Title _____

Your Job Title _____ Your Duties _____

Reason for leaving _____

Professional References (Please list only references that we may contact at this time)

Name	Title	Company	Phone Number
			Home
			Work
			Home
			Work
			Home
			Work

I certify that information contained in this application is true and complete and authorize the Company or its designated agent(s) to investigate all statements in this Application.

I authorize all schools I attended and all previous employers to furnish to the Company my transcript and/or employment record, including the reason for my departure and all other information concerning my time there, and hereby hold harmless and release them and the Company from all liability for any damages, costs or fees whatsoever arising therefrom.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish the Company with information that will be used in connection with the evaluation of my qualifications as a prospective employee. I release such persons and organizations from any legal liability in making such statements.

I authorize the Company to seek additional information concerning my credit, character and general reputation by obtaining an investigative consumer report pursuant to the Fair Credit Reporting Act. I understand that the Company will inform me in writing if such a report is requested, and that I have a right to request that the reporting agency provide me with the details of the report.

I understand that due to the nature of services provided by the Company, every precaution is taken to ensure job candidates pose no potential risk to members and employees. Accordingly, I authorize the Company to conduct any and all background investigations deemed necessary, including but not limited to, an investigation of police records and any other background check the Company deems appropriate. I further understand that the Company is a drug-free workplace, and if I am a finalist candidate for a position, I may be required to participate in a drug screening test (at Company expense and at a location to be selected by the Company) prior to a formal offer of employment. In the event of such a test, I understand that an offer of employment is contingent upon a negative test result.

I understand that in event of my employment by the Company, it shall be sufficient cause for dismissal if any of the information I have given in this application is false, misleading, incomplete or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by the Company, I agree to abide by all present and subsequently issued or amended Company policies.

Signature: _____

Date: _____

EQUAL EMPLOYMENT -- AFFIRMATIVE ACTION APPLICANT DATA

Roanoke Electric Cooperative is an EQUAL EMPLOYMENT - AFFIRMATIVE ACTION EMPLOYER. It is the policy of Roanoke Electric Cooperative to afford equal employment opportunity to all qualified persons regardless of race, color, religion, age, sex, national origin veteran status or disability. The information requested below is used for the purpose of collecting information that Roanoke EC uses in aggregate form for analyzing, monitoring, and reporting on its equal opportunity and affirmative action efforts. This information will be kept confidential and will not affect our decision to hire or not hire you. This form will not be maintained in your application or personal file, and will not be seen or considered by the person(s) deciding whether or not to hire you or by any person in the chain of command for the position for which you are applying.

Social Security Number: _____

County of Residence: _____

Application Date: _____

Job Applied For: _____ New Hire? _____
Internal Applicant? _____

SEX: Female _____ Male _____

RACE/NATIONAL ORIGIN:

- _____ White
- _____ Black
- _____ Hispanic
- _____ Asian or Pacific Islander
- _____ Am. Indian or Alaskan Native

REFERRAL SOURCE:

- _____ Employment Security Agency
- _____ Walk-in
- _____ Vocational Rehabilitation Service
- _____ Education/Technical Institution
- _____ Personnel Agency
- _____ Executive Recruiter
- _____ Newspaper/Journal Ad (specify)
- _____ Internal posting
- _____ Other (specify)