

ROANOKE ENERGY RESOURCES, INC.
P O BOX 440
114 N MAIN ST.
RICH SQUARE, NC 27869-0440
Business (252) 539-2236
Fax (252) 539-3021

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Please Read Before Filling Out This 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 **sixty (60) days**. If you have not heard from the Company within sixty days and wish to receive further consideration for employment, it will be necessary to complete another application form.

Personal Data

Social Security Number _____

Name _____
(Last) (First) (Middle)

Are you 18 years or older? Yes _____ No _____

Address _____
(Street) (City) (State) (Zip)

Telephone Number _____

Have you ever been convicted of a crime other than a minor traffic violation? Y _____ N _____

If yes, explain _____

(A "yes" answer to this question does not necessarily preclude consideration for employment)

Educational Data

Circle Highest Grade Completed:																
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
Grade, Junior High or High School											College or University					
Type of School	Name of School	Location	Major Subject or Course of Study	Did You Graduate?												
Junior High School																
High School																
College																
Business or Trade																
Correspondence																
Other (specify)																
Graduate School																
List Degree(s) Obtained																

Employment

Job applied for _____

Have you ever applied here before? _____ When? _____

Are you related to any employee of the Cooperative or member of the Board of Directors?
 _____ Yes _____ No

If "Yes", give name and relationship: _____

On what date would you be available for work? _____

Are you available to work: _____ Full Time _____ Part-Time
 _____ Over-Time _____ Temporary

Can you travel if a job requires it: _____ Yes _____ No

Work History

From (mo./yr.)	Company	Telephone Area ()	Starting Salary \$ per
To (mo./yr.)	Address City State Zip		Final Salary \$ per
Supervisor's Name/Title	Type of Business	If this is your current employer, may we contact? _____ yes _____ no	
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone Area ()	Starting Salary \$ per
To (mo./yr.)	Address City State Zip		Final Salary \$ per
Supervisor's Name/Title	Type of Business	If this is your current employer, may we contact? _____ yes _____ no	
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone Area ()	Starting Salary \$ per
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Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone Area ()	Starting Salary \$ per
To (mo./yr.)	Address City State Zip		Final Salary \$ per
Supervisor's Name/Title	Type of Business	If this is your current employer, may we contact? _____ yes _____ no	
Specific Reason for Leaving			

Military

Branch of Service:

Duties in the service, including schools and training:

Special Skills

What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate.

List any first aid or emergency response training, for which you are currently certified (give date of certification).

References

Give three references who are not relatives or former employers

Name	Occupation	Years Known	Phone	Address

AFFADAVIT

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to the Company my record, reason for leaving and all information they may have concerning me, and hereby release them and the Company from all liability for any damage 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 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 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 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 rules of the Company.

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

REFER RAL SOURCE:

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