
HAMILTON COUNTY ELECTRIC COOPERATIVE ASSOCIATION APPLICANT INSTRUCTIONS

Thank you for your interest in employment with our Company. 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 complete 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 applications will not be considered. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you.

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 Company.

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, age, religion, sex, national origin or ancestry, disability or physical condition, parental status, sexual orientation, gender identity, marital status, level of income, 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 Company can terminate employment for any reason or no reason at any time. No one, except the Company's President, 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 Printed Name

Signature

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

(Please Print)

Date: _____

Position Desired: _____ Desired Salary: _____

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

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Have you ever worked for **Cooperative**? Yes No

If so, when? _____

How did you learn about us?

Advertisement Friend Walk-In Relative Other: _____

Please list the names below of any relatives or friends employed by **Cooperative**.

Are you over 18 years of age? 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 below (*answering is voluntary, and any answers will be kept confidential*).

Are you currently employed? 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 **Cooperative**, "convictions" include, but are not limited to, sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication), and court-ordered restitution.

City/State: _____ Charge: _____

*Please explain below:

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

EDUCATION

HIGH SCHOOL:

Name: _____ City/State: _____

Did you graduate? Yes No Degree: _____

COLLEGE:

Name: _____ City/State: _____

Did you graduate? Yes No Degree/Major: _____

OTHER:

Name: _____ City/State: _____

Did you graduate? Yes No Degree/Major: _____

Current Certifications/Licenses Held: _____

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: _____ Dates of Employment: _____ to _____

Reason for Leaving: _____

Duties: _____

May we contact your current or most recent employer for a reference? Yes No

NEXT PREVIOUS EMPLOYER:

Name: _____ Address: _____

Telephone: _____ Supervisor: _____

Position: _____ Dates of Employment: _____ to _____

Reason for Leaving: _____

Duties: _____

May we contact your previous employer for a reference? Yes No

NEXT PREVIOUS EMPLOYER:

Name: _____ Address: _____

Telephone: _____ Supervisor: _____

Position: _____ Dates of Employment: _____ to _____

Reason for Leaving: _____

Duties: _____

May we contact your previous employer for a reference? Yes No

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

Do you have a valid driver's license? YES NO

REFERENCES

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

Name: _____ Phone: _____

Company: _____ Relationship: _____

Position: _____ Years Known: _____

Name: _____ Phone: _____

Company: _____ Relationship: _____

Position: _____ Years Known: _____

Name: _____ Phone: _____

Company: _____ Relationship: _____

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 being accepted at that time.

I understand that I may be required to successfully complete a pre-employment physical examination conducted by an Employer-authorized physician and that I may be required to successfully pass a pre-employment drug/alcohol screening after I accept a conditional offer of employment.

Applicant Printed Name

Signature

Date

CERTIFICATION AND AGREEMENT

I certify that all information given on my Application and Conditional-Offer Packet is true, correct, and complete. I also certify that I have accounted correctly for my work experience, education, and training.

I understand that misrepresentation or omission of facts will be cause for cancellation of my consideration for employment or dismissal, if employed. I authorize **Hamilton County Electric Cooperative Association** (hereinafter referred to as "Company") and/or its agents to verify any information contained in this Application and Conditional-Offer Packet including, but not limited to: criminal history and motor vehicle driving records (if driving is an essential function of the job). I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I further understand and agree that employment by this Company will be "at will." That is, either I or the Company may end the employment relationship at any time for any reason or for no reason. Also, I understand that no representative of the Company has the authority to enter into any agreement with me for employment for any specific period of time or make any agreement with me contrary to the foregoing.

I further certify that I have no objections to the following conditions concerning my employment:

1. Processing of all applicable background checks.
2. Submitting to a medical review and an examination by a medical professional chosen by the Company after a conditional job offer has been made and before reporting for work, as determined by the essential functions of the job and Company policy.
3. Taking a physical agility test if required by the essential functions of a specific position.
4. Submitting to a drug/alcohol examination when requested by the Company as stated in the Company's Drug and Alcohol Testing Policy.
5. Demonstrating the skill and ability to perform the essential functions of the assigned job.
6. Available overtime.
7. Returning all Company issued items at the time of termination.
8. Abiding by the rules and regulations of the Company.
9. Available to work at the prevailing rate at that time, if assigned to another shift, department, or job.
10. Submitting to a security search when requested by the Company.

Employee Printed Name

Signature

Date

Employer's Representative Printed Name

Signature

Date

PERSONAL INFORMATION

I hereby authorize **Hamilton County Electric Cooperative Association** to investigate all facts contained in my application for employment with said business and authorize the release of any and all information by my present and past employers wherever located, which may be required for a reference check. I release all Parties from all liabilities for any damages which may result from the furnishing of said information.

A copy of this release shall be as valid as the original.

Employee Printed Name	Signature	Date
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DRUG/ALCOHOL TEST

I understand that **Hamilton County Electric Cooperative Association** may request a drug/alcohol test *prior to my* employment with **Hamilton County Electric Cooperative Association**. I understand that I will no longer be a candidate for hire if I fail to receive an acceptable result from the pre-employment drug/alcohol test conducted for me or for failure to submit to the requested pre-employment test.

A drug/alcohol test will be conducted by **Hamilton County Electric Cooperative Association** on the Company premises and/or a recognized testing company that normally conducts such testing as a usual business activity.

I understand that the results of such a drug/alcohol test will not be revealed to anyone except management of **Hamilton County Electric Cooperative Association**.

I understand that if I am hired by **Hamilton County Electric Cooperative Association**, I may be discharged for failing to receive an acceptable result from any drug/alcohol test conducted for me or for failure to submit to a requested test. I understand that the Company requests such information as a part of its continuing effort to maintain the highest quality safe work environment.

I have read and understood the above.

Employee Printed Name	Signature	Date
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Employer's Representative Printed Name	Signature	Date
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DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT

HAMILTON COUNTY ELECTRIC COOPERATIVE ASSOCIATION may request an investigative consumer report about you from a third-party consumer reporting agency such as iiX or IntelliCorp Records, Inc. for employment (including independent contractor or volunteer assignments, as applicable). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request:

- (1) whether an investigative consumer report has been obtained about you,
- (2) disclosure of the nature and scope of any investigative consumer report and
- (3) a copy of your report.

iiX, a unit of ISO Claim Services, Inc., can be contacted by mail at 1716 Briarcrest Drive, Suite 200; Bryan, TX 77802; or phone: 800-299-7099; or website: www.iix.com.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net. IntelliCorp Record, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net.

The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports to the extent permitted by law.

Signature: _____ Date: _____

DISCLOSURE REGARDING BACKGROUND CHECK

HAMILTON COUNTY ELECTRIC COOPERATIVE ASSOCIATION may obtain information about you from a third party consumer reporting agency for employment. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records").

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **IntelliCorp, 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net** or by **iiX, a unit of ISO Claim Services, Inc., 1716 Briarcrest Drive, Suite 200, Bryan, TX 77802, Tel No 1.800.299.7099: www.iix.com**

Signature: _____

Date: _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate stand-alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **HAMILTON COUNTY ELECTRIC COOPERATIVE ASSOCIATION** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net**.

I [do] [do not] authorize you to contact, through IntelliCorp Records, Inc., *my current employer* for Employment and Reference Verifications. *(Checking “I do” will authorize inquiries to the Human Resources Department and to any listed supervisors.)*

I also consent to have any legally required notices sent electronically.

Printed Name

Signature

Date

PERSONAL DATA

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Date of Birth

Other Names Used
(including maiden name)

Years Used

Social Security Number

Driver's License #

DL State

Email address (may be used for official correspondence)