

# SAN BERNARD ELECTRIC COOPERATIVE, INC.

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

The Cooperative, in accordance with federal, state and local laws, does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other protected status. Rev: 01/2017

*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) **Email Address** \_\_\_\_\_

Mobile \_\_\_\_\_  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? \_\_\_\_\_ Were you interviewed? \_\_\_\_\_

Have you ever been employed by us? Yes  No  If "yes," when? \_\_\_\_\_

Are you currently employed? Yes  No  If "yes", may we contact your employer? \_\_\_\_\_

**EDUCATIONAL DATA**

School	Print Name of School, City, and State	No. of Yrs. Completed	Degree	Major Course Of Study
High School				
College				
Graduate School				
Trade, Business, Night, or Corres.				
Other				

ANTI-NEPOTISM POLICY

I understand that it is the Cooperative's policy NOT to employ any person who is related within the first degree to or is engaged in a dating or other relationship with, a Director or employee of the Cooperative, or a relative of an employee of the Cooperative.

That is:

- Father or Step-Father
- Mother or Step-Mother
- Sister, Step-Sister or Half-Sister
- Brother, Step-Brother or Half-Brother
- Daughter or Step-Daughter
- Son or Step-Son
- Husband
- Wife
- Daughter-in-Law
- Son-in-Law
- Brother-in -Law
- Sister-in-Law
- Father-in-Law
- Mother-in-Law
- Grandmother
- Grandfather
- Aunt
- Uncle
- Niece
- Nephew

Please list the names of any relatives currently employed by the Cooperative:

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Do any of these relationships disqualify you by virtue of the anti-nepotism policy of the Cooperative?  
If so, please explain:

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## 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 in time. If additional space is needed, attach a supplementary sheet.

<b>Employer</b>	<b>Employed</b>	<b>Starting Position</b>
<b>Address</b>	<b>From _____ Mo./Yr.</b>	<b>Last Position</b>
<b>Telephone</b>	<b>To _____ Mo./Yr.</b>	<b>Other Positions Held</b>
<b>Starting Salary</b>	<b>Final Salary</b>	<b>Immediate Supervisor</b>
<b>Duties</b>		
<b>Reason for Leaving</b>		
<b>Employer</b>	<b>Employed</b>	<b>Starting Position</b>
<b>Address</b>	<b>From _____ Mo./Yr.</b>	<b>Last Position</b>
<b>Telephone</b>	<b>To _____ Mo./Yr.</b>	<b>Other Positions Held</b>
<b>Starting Salary</b>	<b>Final Salary</b>	<b>Immediate Supervisor</b>
<b>Duties</b>		
<b>Reason for Leaving</b>		
<b>Employer</b>	<b>Employed</b>	<b>Starting Position</b>
<b>Address</b>	<b>From _____ Mo./Yr.</b>	<b>Last Position</b>
<b>Telephone</b>	<b>To _____ Mo./Yr.</b>	<b>Other Positions Held</b>
<b>Starting Salary</b>	<b>Final Salary</b>	<b>Immediate Supervisor</b>
<b>Duties</b>		
<b>Reason for Leaving</b>		
<b>Employer</b>	<b>Employed</b>	<b>Starting Position</b>
<b>Address</b>	<b>From _____ Mo./Yr.</b>	<b>Last Position</b>
<b>Telephone</b>	<b>To _____ Mo./Yr.</b>	<b>Other Positions Held</b>
<b>Starting Salary</b>	<b>Final Salary</b>	<b>Immediate Supervisor</b>
<b>Duties</b>		
<b>Reason for Leaving</b>		

## ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

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

1. Have you ever been known by another name? We need this information to perform a complete check of work and education records. (An affirmative response will not automatically disqualify you from being considered for employment.) Yes   No

If "yes," identify name(s) and relevant dates.

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2. 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 for employment.) If "yes," please explain.

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### OTHER SPECIAL SKILLS/QUALIFICATIONS

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

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<b>PERSONAL REFERENCES</b>
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	NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE #
<b>1</b>				
<b>2</b>				
<b>3</b>				

# APPLICATION FOR EMPLOYMENT

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulations.

## EXPERIENCE AND QUALIFICATIONS – DRIVER

Drivers License	State	License No.	Type	Expiration Date

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes  No
- B. Has any license, permit, or privilege ever been suspended or revoked? Yes  No
- (IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS)

## PREVIOUS DRIVING EXPERIENCE

- (a) Have you been employed as a driver by other Motor Carriers prior to date of this application? Yes  No
- (b) If so, how long did you operate: straight trucks \_\_\_\_\_, tractors and semi-trailers \_\_\_\_\_, tractors and full trailers \_\_\_\_\_, oil field winch type trucks \_\_\_\_\_, or tractor-tank semi-trailers \_\_\_\_\_, trucks and pole trailers \_\_\_\_\_
- (c) Give the length of time you were engaged in transporting: general freight (regular routes) \_\_\_\_\_, machinery and heavy cargo \_\_\_\_\_, perishables \_\_\_\_\_, liquids \_\_\_\_\_, other (state kind) \_\_\_\_\_

## ACCIDENT RECORD

List all accidents in which you were involved as a driver during the preceding five years.

Date	Nature	Number of Fatalities	Persons Injured

## WORK INJURY RECORD

List all personal injuries suffered by you that were job connected, and give the following information pertaining to each injury; if none, so state:

Date	Employer	Type	Compensatory	Non-compensatory

## TRAFFIC VIOLATION RECORD

List all violations of motor vehicle law or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the three years preceding date of this application.

Date	Type	Location

## 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 your 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 a photographic identification card issued by the State? Yes  No
  3. Are you over 18 years of age? Yes  No
  4. Please review the job description of the job for which you are applying. Are you able, with or without reasonable accommodation, to perform all the essential functions of the job? Yes  No   
(A negative response will not automatically disqualify you from being considered for employment.)
  5. Have you ever been convicted of a felony or pleaded guilty or "no contest" to a felony and/or received deferred adjudication? (An affirmative response will not automatically disqualify you from being considered for employment.) Yes  No  If "yes," please explain.
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6. If you are applying for a position involving evening or weekend work, are you available to work at those times? Yes  No  (A negative response will not necessarily disqualify you from being considered for employment.)
  7. Are you willing to work overtime as requested? Yes  No   
(A negative response will not necessarily disqualify you from being considered for employment.)
  8. If you are applying for a position requiring driving while on duty, please identify the type, state, license number and expiration date of your driver's license.
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Have you ever been denied a license or permit to operate a motor vehicle? Yes  No  Have you ever had a license suspended or revoked? Yes  No  Have you been involved in a motor vehicle accident within the preceding five years? Yes  No  Have you been convicted or pleaded "no contest" to any violation of motor vehicle laws or ordinances within the past three years? Yes  No

If the answer to any of the above questions is "yes," please attach a statement giving details.

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## 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 Cooperative 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 any time, with or without cause and with or without notice, by either the Cooperative or me. I further understand that this application is not, and is not intended to be, a contract of employment and that my at-will employment status cannot be changed except by a written document signed by the General Manager of the Cooperative. I further understand that no supervisor, manager, or other employee or representative of the Cooperative, other than the General Manager, has the authority to change the at-will nature of

my employment and that any oral promises of employment for a definite period or statements that are otherwise contrary to my at-will status are not binding upon the Cooperative.

In consideration of my being considered for employment, I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability and 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, will disqualify me from 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 Cooperative governing the conduct of its employees, including the rules which prohibit the use or possession of illegal drugs, alcoholic beverages, firearms, or weapons of any kind in any office, work location, or facility of the Cooperative.

I understand that, during my employment, if the Cooperative has reasonable suspicion that I am under the influence of alcohol while at work, and if it appears that I am having difficulty performing my job safely or effectively due to the suspected use of alcohol, I may be required to submit to alcohol testing as a condition of continued employment. I also understand that drug screen tests may be performed on a reasonable suspicion, post-accident, periodic or random basis during my employment and that my refusal to submit to a drug or alcohol test may result in immediate dismissal.

I understand that, if I am offered employment, I may 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 Cooperative is a subscriber under the Texas Workers' Compensation Act.

If offered employment in a position which requires driving while on duty, I understand that being insurable by the Cooperative'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 Cooperative; 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 should I fail to satisfy any of the above requirements, I may be subject to immediate job termination. 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 agree that if I am hired, I will not, during the term of my employment, become associated with or engage in any work or business that is directly or indirectly competitive with the Cooperative, or that otherwise conflict with the best interests of the Cooperative.

I represent and warrant to Cooperative that I am free to become employed by the Cooperative and that I have no obligations to any former employer or otherwise that would prevent me from being hired by the Cooperative. I further represent and agree that I have not and will not improperly disclose to the Cooperative any confidential business information, trade secrets, or proprietary information belonging to any former employer or other party ("Confidential Information"). Moreover, I agree that if I am employed by the Cooperative, I will not improperly disclose Confidential Information to which I gain access by virtue of my employment.

I certify that I am eligible for employment in the United States and that the documents I have furnished, or will furnish, to verify my identity and eligibility are true and correct. I further understand and agree that, if offered employment, I will have three days to submit such documents, and that failure to submit such documents within three days will result in withdrawal of the offer of employment or, if employment has begun, termination from employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Note:* This application will be retained for active consideration for employment until the position applied for is filled. After the position applied for is filled, you will need to complete a new application if you still wish to be considered for employment in positions that later become open. SBEC keeps applications on file for one year.

**FOR OFFICE USE ONLY**

Interviewed By/Date

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Interviewed By/Date