



A Touchstone Energy® Cooperative 

P. O. Box 368 501 S. Huston Ave., Altamont, KS 67330

APPLICATION FOR EMPLOYMENT

Date: _____

Note: Applicants applying for positions that require them to drive Company vehicles must also fill out the Driver's Supplemental Application for Employment.

This application will be considered only for the vacant position for which you are applying. To be considered for other vacant positions, a new application must be filed. The following information is requested in order to help us make the best possible placement within the Company. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form.

The Company, in accordance with state and federal laws, does not discriminate on the basis of race, color, religion, sex (including pregnancy), national origin, age, disability, or veteran status.

TWIN VALLEY ELECTRIC COOPERATIVE, INC., IS AN EQUAL OPPORTUNITY EMPLOYER.

PLEASE PRINT

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

Address: _____ Telephone No.: _____
(Street)

_____ Alternate No.: _____
(City) (State) (Zip)

Social Security Number ____ / ____ / ____ Do you have the legal right to work in the United States? Yes No

How were you referred to the Company? _____

Are you a relative, either by blood or marriage, of any employee or Director of the Company? Yes No

Have you ever applied for a job with the Company? Yes No
If yes, when? _____

Have you ever worked at the Company before? Yes No
If yes, when? _____

Are you at least eighteen years of age? Yes No

Position for which you are applying (be specific): _____

In what state or states do you possess a valid and current driver's license?

State: _____ License No.: _____ State: _____ License No.: _____

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

(See attached sheet for a list of the essential functions of the job for which you are applying.)

If you are selected for employment, on what date can you start work? _____

List any training or special skills you have that are relevant to the position for which you are applying.

List your membership in any professional or technical organizations that are related to the job requirements of the position for which you are applying.

Apart from absence for religious observation, are you available to work from 8 a.m. to 5 p.m., Monday through Friday? Yes No

If not, what hours can you work? _____

Will you work overtime if asked? Yes No Are you willing to work after hours call-out duty and on-call assignments? Yes No

Have you ever been convicted of a felony? Yes No
If yes, give details, including jurisdiction (state and county) where such conviction occurred.

(Criminal convictions are not an absolute bar to employment. They will only be considered in relation to specific job requirements.)

THE FOLLOWING QUESTIONS SHOULD BE ANSWERED ONLY IF THE BOX NEXT TO THE QUESTION IS MARKED.

EDUCATION

	School Name	Address	No. of Years Attended	Degree	Major
<input type="checkbox"/> High					
<input type="checkbox"/> College					
<input type="checkbox"/> Other					
<input type="checkbox"/> Courses now studying					

TECHNOLOGY SKILLS

Place one check for knowledge. Place two checks for experience.

<input type="checkbox"/> 10-Key	<input type="checkbox"/> Internet	<input type="checkbox"/> Network Software
<input type="checkbox"/> A/R and/or A/P	<input type="checkbox"/> Load Management	<input type="checkbox"/> Payroll System
<input type="checkbox"/> GIS Mapping	<input type="checkbox"/> AMI/AMR	<input type="checkbox"/> Proofreading
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Microsoft Excel	
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Microsoft Windows	
<input type="checkbox"/> E-Mail	<input type="checkbox"/> Microsoft Word	
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Personal Computer	

☐ TRADES, CRAFTS, AND TECHNICAL APPLICANTS ONLY

Place one check for knowledge. Place two checks for experience.

- | | |
|--|---|
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Radio communication and operation |
| <input type="checkbox"/> Computer inventory methods | <input type="checkbox"/> Pole inspection |
| <input type="checkbox"/> Lay out work orders | <input type="checkbox"/> Load management systems |
| <input type="checkbox"/> Prepare work orders | <input type="checkbox"/> Meter reading |
| <input type="checkbox"/> Basic electricity | <input type="checkbox"/> Collecting consumer accounts |
| <input type="checkbox"/> Tree trimming | <input type="checkbox"/> Handling consumer concerns |
| <input type="checkbox"/> Brush clearing | <input type="checkbox"/> Connecting and disconnecting meters |
| <input type="checkbox"/> Clearing machinery | <input type="checkbox"/> Electrical mapping systems |
| <input type="checkbox"/> Material control | <input type="checkbox"/> Load switching |
| <input type="checkbox"/> Perpetual inventory | <input type="checkbox"/> Substation construction |
| <input type="checkbox"/> Automotive maintenance | <input type="checkbox"/> Line construction |
| <input type="checkbox"/> Painting and bodywork on vehicles | <input type="checkbox"/> Transformer banks |
| <input type="checkbox"/> Electric and gas welding | <input type="checkbox"/> Regulators, capacitors, breakers and switches |
| <input type="checkbox"/> Hotline work, primary and secondary | <input type="checkbox"/> Underground experience, (primary and/or secondary) |
| <input type="checkbox"/> Electrical hand tools | |
| <input type="checkbox"/> Electrical safety | |

EMPLOYMENT RECORD (Most recent employer first)

Dates	Name and Address of Employer	Job Title and Brief Description of Duties	Salary	Exact Reason for Leaving
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
	Phone:			
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
	Phone:			
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
	Phone:			

Attach additional sheets if necessary.

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

IMPORTANT! READ THIS:

CERTIFICATION

I CERTIFY THAT ALL INFORMATION PROVIDED IN SUPPORT OF MY EMPLOYMENT WITH THE COMPANY, INCLUDING BUT NOT LIMITED TO THIS APPLICATION, RESUMES, MEDICAL INFORMATION, AND INFORMATION PROVIDED BY ME DURING INTERVIEWS, IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF RELEVANT FACTS IN SEEKING EMPLOYMENT WILL RESULT IN MY DISQUALIFICATION FROM FURTHER CONSIDERATION OR MY DISMISSAL FROM EMPLOYMENT. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF THE COMPANY OR MYSELF. I FURTHER UNDERSTAND THAT NO PERSON IS AUTHORIZED TO MAKE ANY REPRESENTATION CONTRARY TO THE ABOVE STATEMENT UNLESS SUCH REPRESENTATION IS APPROVED BY THE BOARD OF DIRECTORS AND IS EMBODIED IN A WRITTEN AGREEMENT SIGNED BY THE PRESIDENT OR THE GENERAL MANAGER OF THE COMPANY. I FURTHER UNDERSTAND THAT IF OFFERED EMPLOYMENT, I WILL BE REQUIRED TO TAKE A PHYSICAL EXAMINATION AND THAT SUCH EXAMINATION WILL INCLUDE BLOOD, BREATH, URINE, OR SALIVA TESTS TO DETERMINE THE PRESENCE OR USE OF ALCOHOL OR ILLEGAL CONTROLLED SUBSTANCES.

Signature of Applicant

Date

FOR EMPLOYER'S USE ONLY

Interviewed by: _____ Date: _____

Comments: _____

EMPLOYMENT REFERENCE CHECK

Employer	Person Contacted	Date	Results
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PERSONAL REFERENCE CHECK

Person	Date	Comments
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ACTION

No Action Interview - No Position Offered Position Offered:

Date: _____

Position: _____

Date Accepted: _____