

**CORDOVA ELECTRIC COOPERATIVE, INC.  
EMPLOYMENT APPLICATION FORM**

**THIS APPLICATION IS FOR ALL CEC's POSITIONS. Special addendums will be used for specific positions.**

1. Complete this form as **thoroughly as possible**. Pay particular attention to the description of duties sections regarding past work experience. Completed application forms can be submitted to CEC. Please fax to (907) 424-5527 or mail to P.O. Box 20, Cordova, Alaska 99574.
2. CEC is an Equal Opportunity Employer. All applicants for CEC employment will be evaluated on the basis of qualifications, education, experience, skill, knowledge, and ability to perform work assignments. CEC will not base hiring decisions on race, religion, color, or national origin, or because of the applicant's age, physical and mental disability, sex, marital status, changes in marital status, pregnancy or parenthood when the reasonable demands of the position do not require distinction on those grounds.
3. It is the policy of CEC that any offer of employment with the company is contingent upon the completion of a personal medical history and passing a physical examination at CEC's expense. The physical examination will require that the applicant undergo screening for the use of drugs or alcohol. If there is any indication of the use of alcohol, or non-prescribed or prohibited controlled substances, or if an individual refuses to submit to such an examination, that individual will not be employed by CEC.

Date received by CEC \_\_\_\_\_

(Completed by CEC)

Cordova Electric Cooperative, Inc.  
Employment Application Form

NAME \_\_\_\_\_  
(Last) (First) (Middle)

SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date this Form Completed \_\_\_\_\_

Phone Number \_\_\_\_\_ Message Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I am applying for the position of \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying? \_\_\_\_\_

On what date can you start? \_\_\_\_\_

Would you accept a temporary position? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you over 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you related, directly or through marriage, however remotely, to any present CEC employee, or to any member of CEC's Board of Directors? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to whom are you related and how? \_\_\_\_\_

Are you legally qualified to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

NOTE: Proof of citizenship or immigration status will be required upon employment.

Have you ever worked for CEC? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was your job title and dates of employment? \_\_\_\_\_

Have you ever been convicted of a crime?

Yes \_\_\_\_\_ No \_\_\_\_\_

NOTE: Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

If yes, briefly describe the conviction and circumstances \_\_\_\_\_

Please note the class of driver's license you currently hold:

License # \_\_\_\_\_ Date Expires: \_\_\_\_\_ Class: \_\_\_\_\_

All CEC employees must have a valid Alaska Driver's license within 30 days of employment and a driving record which is acceptable and insurable by CEC's insurance carrier at standard group rates. CDL drivers will require a medical examiner's certificate. Failure to meet these requirements could result in your not being hired or, if hired, in your immediate termination. (Line superintendent is not required to have a CDL license.)

### EMPLOYMENT RECORD

List your last three (3) employers. Use additional sheets if necessary. (Refer to position description)

#### PRESENT/LAST EMPLOYER \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Date started employment: From \_\_\_\_\_ To \_\_\_\_\_ Position: \_\_\_\_\_

Duties:

\_\_\_\_\_

Immediate Supervisor's Name & Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your present employer now without jeopardizing your position?

Yes \_\_\_\_\_ No \_\_\_\_\_

#### NEXT PREVIOUS EMPLOYER \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Date started employment: From \_\_\_\_\_ To \_\_\_\_\_ Position: \_\_\_\_\_

Duties:

\_\_\_\_\_

Immediate Supervisor's Name & Title:

Reason for leaving: \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER**\_\_\_\_\_

Address:\_\_\_\_\_

Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Date started employment: From \_\_\_\_\_ To \_\_\_\_\_ Position:\_\_\_\_\_

Duties:  
\_\_\_\_\_

Immediate Supervisor's Name & Title: \_\_\_\_\_

Reason for leaving:\_\_\_\_\_

ATTACH ADDITIONAL SHEETS IF NECESSARY

**SUMMARY OF WORK EXPERIENCE**

(Summarize special skills and training relevant to the job.)

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ATTACH ADDITIONAL SHEETS IF NECESSARY



**I UNDERSTAND, CERTIFY, AND AGREE TO THE FOLLOWING CONDITIONS OF EMPLOYMENT:**

It is my understanding that CEC may make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving or receiving of any such information. I understand that any falsification of this data, any material misrepresentation, or any deliberate omission of a fact may prevent my being hired, or if hired, may subject me to immediate dismissal. I certify that all the employment materials I have submitted are true and correct.

Any offer of employment will be conditioned on my agreement to submit to a physical examination as CEC may require. I understand that part of the physical examination will include testing for the presence of alcohol, drugs, or controlled substances. I understand that positive test results or refusal to consent to these tests will disqualify me from employment at CEC. I understand that the results of the medical examination may result in my not being hired, or if already hired, could result in my termination.

I hereby authorize the Department of Public Safety, Division of Motor Vehicles to release my driving record to CEC and/or its insurance carrier.

I further understand that this is an application for employment and that no employment contract is being offered; and that if I am employed, such employment is for no definite period of time. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory under the Fair Labor Standards Act for non-bargaining unit and bargaining unit employees: over-time, shift work, or a work schedule other than Monday through Friday. CEC will observe any labor agreements which may be in effect.

Applicant's Signature

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Date: \_\_\_\_\_