

# SEQUACHEE VALLEY ELECTRIC COOPERATIVE

P. O. Box 31

South Pittsburg, TN 37380-0031

## APPLICATION FOR EMPLOYMENT

### SVEC IS AN EQUAL OPPORTUNITY EMPLOYER

The Cooperative, in accordance with State and Federal laws, does not discriminate on the basis of race, creed, color, religion, sex (including pregnancy), national origin, age, disability, or veteran status. The Cooperative also is required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ women, minorities, otherwise qualified disabled individuals, and Vietnam Era and disabled veterans.

### SVEC is a Tennessee Drug Free Workplace

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 Cooperative. All portions of this application pertaining to you must be completed. If assistance is needed to complete this application, please let us know. We appreciate your time.

PERSONAL INFORMATION: (PLEASE PRINT)						
Last Name:		First Name:		MI:	Email:	
Address:			City:		State:	Zip:
Home Phone Number: ( )			Alternate Number: ( )			
Are you or your spouse related to any Board Member or current employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, indicate name and relationship:			
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, indicate dates served:			
Branch _____ Rank Obtained _____			Reserve Status: <input type="checkbox"/> Active <input type="checkbox"/> Non-Active			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give details, including date and jurisdiction (state and county) where such conviction occurred. ( <i>Criminal convictions are not an absolute bar to employment. They will only be considered in relation to specific job requirements.</i> )				
Have you ever been convicted of a power (electricity) theft or power diversion? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give details, including date and jurisdiction (state and county) where such conviction occurred.				

<b>EMPLOYMENT DESIRED:</b>		
Position for which you are applying: (be specific)	Available employment date: / /	Salary expected: \$
Do you reside within the applicable service area or within a 30-minute drive of the reporting office? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, would you be willing to relocate to the applicable area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What days and hours are you available to work?		
Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work after hours call-out duty and on-call assignments? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>VEHICLE INFORMATION:</b>		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what state?	Class:
Have you had any traffic related violations or convictions in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.	

<b>EXPERIENCE:</b> List your last 3 employers with your most recent employer first.			
Most Recent Position:	Most Recent Employer: Address: City: State:          Zip Code:		Reason For Leaving:
Supervisor's Name:	Supervisor's Number: (          )	Employed From: Employed To:	Rate of Pay: \$

Previous Position:	Most Recent Employer: Address: City: State:          Zip Code:		Reason For Leaving:
Supervisor's Name:	Supervisor's Number: (          )	Employed From: Employed To:	Rate of Pay: \$

Previous Position:	Most Recent Employer: Address: City: State:          Zip Code:		Reason For Leaving:
Supervisor's Name:	Supervisor's Number: (          )	Employed From: Employed To:	Rate of Pay: \$
If considered for employment, may we contact your:      most recent supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No previous supervisors? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>SKILLS:</b> Insert a (✓) next to the subject you have experience in.	
<input type="checkbox"/> Telephone Console	Personal Computer Software: Type(s)
<input type="checkbox"/> Typing _____ wpm	<input type="checkbox"/> Project Management:
<input type="checkbox"/> Shorthand _____ wpm	<input type="checkbox"/> Word Processing:
<input type="checkbox"/> Calculator	<input type="checkbox"/> Spreadsheets:
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Data Base:
<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> Graphics:
<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Systems:
<input type="checkbox"/> Handling Customer Concerns	<input type="checkbox"/> Other:
<input type="checkbox"/> Collecting Customer Accounts	
<input type="checkbox"/> Warehousing	<input type="checkbox"/> Basic Electricity
<input type="checkbox"/> Computer Inventory	<input type="checkbox"/> Electrical Safety
<input type="checkbox"/> Perpetual Inventory	<input type="checkbox"/> Hotline Work, Primary & Secondary
<input type="checkbox"/> Material Control	<input type="checkbox"/> Underground Experience (Primary and/or Secondary)
<input type="checkbox"/> Auto/Machine Maintenance	<input type="checkbox"/> Line Construction
<input type="checkbox"/> Hydraulic Systems	<input type="checkbox"/> Pole Inspection
<input type="checkbox"/> Electric & Gas Welding	<input type="checkbox"/> Meter Reading
<input type="checkbox"/> Tree Trimming	<input type="checkbox"/> Connecting and Disconnecting Meters
<input type="checkbox"/> Brush Clearing	<input type="checkbox"/> Transformer Banks
<input type="checkbox"/> Clearing Machinery	<input type="checkbox"/> Regulators, Capacitors, Breakers & Switches
<input type="checkbox"/> Electrical Hand Tools	<input type="checkbox"/> Substation Construction
<input type="checkbox"/> Prepare Work Orders	<input type="checkbox"/> Load Switching
<input type="checkbox"/> Lay Out Work Orders	<input type="checkbox"/> Load Management Systems
<input type="checkbox"/> Staking Lines	<input type="checkbox"/> Electrical Mapping Systems
<input type="checkbox"/> Transit or Level	<input type="checkbox"/> Radio Communication and Operation

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

**Can you perform the essential functions of the position for which you are applying? (*Important: Read attached position description for the essential functions of the position for which you are applying before answering this question.*)**

Yes       No

<b>EDUCATION:</b>		
Level	Name & Location of School	Recognition of Completion
High School		Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational, Technical, or Other School		Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College		<input type="checkbox"/> Some College <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Currently Pursuing
Graduate School		<input type="checkbox"/> Some College <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Currently Pursuing

**REFERENCES:** List 3 persons whom you have known for at least one year. Do not include relatives.

Name:	Address:
Phone Number: (       )	Occupation:

Name:	Address:
Phone Number: (       )	Occupation:

Name:	Address:
Phone Number: (       )	Occupation:

**CERTIFICATION:**

I certify that all of the information provided in support of my employment with the Cooperative, including but not limited to this application, resumes, and information provided by me during interviews, is correct and complete to the best of my knowledge, and I understand that falsification of any such information will result in my disqualification from further consideration or my dismissal from employment. I agree to conform to the rules and regulations of the Cooperative, 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 Cooperative 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/CEO of the Cooperative. I further understand that if offered employment, I will be required to take a physical examination and that such examination may include blood, breath, urine, or saliva tests to determine the presence or use of alcohol and/or controlled substances as defined in the Tennessee Drug Free Workplace Program.

I authorize you to make such investigations and inquiries of my personal, employment, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

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

Date \_\_\_\_\_

# SEQUACHEE VALLEY ELECTRIC COOPERATIVE

P. O. Box 31  
South Pittsburg, TN 37380

## Voluntary Affirmative Action Information

### EQUAL OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER

It is the policy of Sequachee Valley Electric Cooperative to afford equal employment opportunity to all qualified persons regardless of age, race, creed, religion, color, sex (including pregnancy), national origin, veteran's status, or physical or mental disability. The information requested below is used for the purpose of collecting information that Sequachee Valley Electric Cooperative uses in aggregate form for analyzing, monitoring, and reporting on its equal opportunity and affirmative action efforts, including reports to the federal government under Executive Order 11246. This information will not affect our decision to hire or not hire you. The information requested is voluntary and confidential and will not be maintained in your application or personnel 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.

<b>Name:</b>	<b>County of Residence:</b>
<b>Application Date:</b>	<b>Position Applied For:</b>
/    /	
<b>Sex:</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female	

<b>Race/National Origin:</b>
<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> White
<input type="checkbox"/> Asian
<input type="checkbox"/> Two or More Races

<b>Referral Source:</b>		
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Employee Referral:	<input type="checkbox"/> State Employment Agency
<input type="checkbox"/> Job Line	<input type="checkbox"/> Minority Referral Agency:	<input type="checkbox"/> College Placement Office
<input type="checkbox"/>		<input type="checkbox"/> Other:

**DISCLOSURE AND RELEASE**

In connection with my application for employment (including contract services) with you, I understand that consumer reports which may contain public record information may be requested from a "Background Research" service by Sequachee Valley Electric Cooperative, or its agents. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc, from federal, state and other agencies which maintain such records.

I AUTHORIZE, WITHOUT RESERVATION OR QUALIFICATION, ANY PARTY OR AGENCY CONTACTED BY SEQUACHEE VALLEY ELECTRIC COOPERATIVE OR ITS AGENTS, TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request of Sequachee Valley Electric Cooperative, upon proper identification, the nature and substance of all information in its files on me at the time of my request including the sources of information; and the recipients of any reports on me, which have been supplied to Sequachee Valley Electric Cooperative by its agents.

I hereby authorize Sequachee Valley Electric Cooperative, or its agents, to maintain this authorization on file and it shall serve as an ongoing authorization for Sequachee Valley Electric Cooperative, or its agents, to procure additional or updated reports at any time during my employment (or contract) period.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# DRIVER'S SUPPLEMENTAL APPLICATION FOR EMPLOYMENT: APPLICATION

## TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 C.F.R. §§ 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by all rules and regulations of the Cooperative.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST THREE YEARS

### Current Address

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*How long (years/months)*

### Previous Addresses

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

\_\_\_\_\_  
*City:*

\_\_\_\_\_  
*State:*

\_\_\_\_\_  
*Zip:*

\_\_\_\_\_  
*How long?*

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

\_\_\_\_\_  
*City:*

\_\_\_\_\_  
*State:*

\_\_\_\_\_  
*Zip:*

\_\_\_\_\_  
*How long?*

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

\_\_\_\_\_  
*City:*

\_\_\_\_\_  
*State:*

\_\_\_\_\_  
*Zip:*

\_\_\_\_\_  
*How long?*

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional seven years' information on those employers for whom the applicant operated such vehicle.

NOTE: List employers in reverse order starting with the most recent.

### EMPLOYER (Most Recent)

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Address:	_____	Job Title:	_____
From:	_____	To:	_____
		Reason for Leaving:	_____
Were you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			

### EMPLOYER

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Address:	_____	Job Title:	_____
From:	_____	To:	_____
		Reason for Leaving:	_____
Were you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			

### EMPLOYER

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Address:	_____	Job Title:	_____
From:	_____	To:	_____
		Reason for Leaving:	_____
Were you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			



**EMPLOYER**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed? Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes  No

**EMPLOYER**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed? Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes  No

\*Includes: vehicles having a gross combination weight rating of 26,001 lbs. or more inclusive of a towed unit with a GVWR of more than 10,000 lbs.; vehicles having a GVWR of 26,001 lbs. or more; vehicles designed to transport 16 or more passengers, including the driver; OR any size vehicle used in the transportation of hazardous materials as defined in 49 C.F.R Part 383.

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD** for past three years. Start with most recent, then previous. If none, indicate NONE. More space will be provided at bottom of application if needed.

DATE	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

**TRAFFIC CONVICTIONS AND FORFEITURES** (Other than parking violations) for the past three years. If none, indicate NONE. If more space is needed it will be provided at the bottom of the application.

LOCATION	DATE	CHARGE	PENALTY

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

List all driver licenses or permits held in the past three years.

DRIVER LICENSES	STATE	TYPE	EXPIRATION

Have you even been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

**IF THE ABOVE ANSWER TO EITHER IS YES, GIVE DETAILS:**


**DRIVING EXPERIENCE (indicate yes or no)**

CLASS OF EQUIPMENT	CHECK TYPE OF EQUIPMENT	DATES		APPROXIMATE NUMBER OF TOTAL MILES
		FROM M/Y	TO M/Y	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER			
Tractor Trailer and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER			
Tractor Trailer – Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER			
Tractor Trailer – Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLAT <input type="checkbox"/> DUMP <input type="checkbox"/> REFER			

CLASS OF EQUIPMENT	CHECK TYPE OF EQUIPMENT	DATES		APPROXIMATE NUMBER OF TOTAL MILES
		FROM M/Y	TO M/Y	
Motorcoach - School Bus, more than 7 passengers <input type="checkbox"/> Yes <input type="checkbox"/> No				
Motorcoach - School Bus, more than 15 passengers <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other				

Comments or additional information

DRIVER'S CERTIFICATION
This certifies that this application was completed by me, and that all entries on it and information in it are true and complete, to the best of my knowledge.
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Signature</i> </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Date</i> </div> </div>
NOTE: Pursuant to 49 C.F.R. § 391.21 (c), an employer may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.