Butte Electric Cooperative, Inc.

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Employment Application

Notice to Any Person Seeking Employment With Butte Electric Cooperative, Inc.

- **Those applicants requiring reasonable accommodations to the applications and/or interview process should notify a representative of Butte Electric Cooperative, Inc.**
- **Unsolicited applications and resumes are not kept on file.**
- **In an effort to comply with government record keeping requirements, we ask that you voluntarily complete the Self-Identification form attached to the Employment Application.**

Butte Electric Cooperative places great emphasis on customer service, teamwork, problem solving, and innovation. We look for people who exemplify these qualities and are willing to work hard for our membership. Butte Electric Cooperative is an equal opportunity employer.

Position being applied for_____Date of application_____/_____/_____

Name_____
LAST FIRST MIDDLE

Personal

Name _____
LAST FIRST MIDDLE

Address _____ Social Security # _____
STREET

_____ E-mail address _____
CITY STATE ZIP CODE

Telephone # (_____) _____ Mobile//Other Phone # (_____) _____

If necessary, best time to call you at home is _____ : _____ AM PM

Are you employed now? ☐ Yes ☐ No

If yes, may we contact you at work? ☐ Yes ☐ No

If yes, work number and best time to call (_____) _____ _____ : _____ AM PM

Are you over 18 years of age? ☐ Yes ☐ No

If under 18, can you get a work permit? ☐ Yes ☐ No ☐ N/A

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No

List positions previously applied for _____

Have you ever been employed by BEC or another electric cooperative before? ☐ Yes ☐ No

If yes, indicate position, department and dates: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.

If yes, please provide date(s) and details _____

Are you related to any employee of the Cooperative or member of the BEC Board of Directors? ☐ Yes ☐ No

If yes, give name, position, and relationship: _____

_____

Work Preference

Date available for work _____ / _____ / _____

Type of employment desired ☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal

Will you relocate if job requires it? ☐ Yes ☐ No

Will you travel if job requires it? ☐ Yes ☐ No

Are you able to meet the attendance requirements of the position? ☐ Yes ☐ No

Will you work overtime (more than 40 hours in a week)? ☐ Yes ☐ No

Education

High School City/State	Circle grade completed. 1 2 3 4		Did you graduate? Yes No
College/Technical School/Other City/State	# of Years	Course of Study	Degree, diploma, certificate, and honors received
Other job-related educational institutions, licenses, certifications, etc.			

Employment History

Provide the following information of your past and current employers, assignments, or volunteer activities, starting with the most recent (use additional sheet if necessary). Explain any gaps in employment in the comments section below.

EMPLOYER	**TELEPHONE #** ( )	DATES EMPLOYED FROM	TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATES/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		$	PER	
REASON FOR LEAVING		HOURLY RATES/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE?	YES NO LATER	$	PER	

EMPLOYER	**TELEPHONE #** ( )	DATES EMPLOYED FROM	TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATES/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		$	PER	
REASON FOR LEAVING		HOURLY RATES/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE?	YES NO LATER	$	PER	

EMPLOYER	**TELEPHONE #** ( )	DATES EMPLOYED FROM	TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATES/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		$	PER	
REASON FOR LEAVING		HOURLY RATES/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE?	YES NO LATER	$	PER	

EMPLOYER	TELEPHONE # ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATES/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		$	PER	
REASON FOR LEAVING		HOURLY RATES/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? YES NO LATER		$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT_____

Skills and Qualifications

Do you have a current driver's license? ☐ Yes ☐ No
If No, are you able to obtain a driver's license? ☐ Yes ☐ No

Do you have a current CDL license? ☐ Yes ☐ No
If No, are you able to obtain a CDL license? ☐ Yes ☐ No

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying for.

Summarize your computer/technology skills including software programs, hardware, and operating systems.

What equipment do you operate efficiently?

References

List name and telephone number of three business/work references that are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	( )	
	( )	
	( )	

Applicant Statement

I understand that this application will be reviewed, but nothing in this application or any other documents or in the employment evaluation process shall be construed as either an offer or contract of employment or an obligation on the part of Butte Electric Cooperative, Inc. to provide any benefit to me.

I certify that all the information I have provided to apply for and secure employment with Butte Electric Cooperative, Inc. is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from Butte Electric Cooperative, Inc., when it is discovered.

I understand I am required to submit to a post-offer, pre-hire physical examination and hearing examination for Butte Electric Cooperative, Inc. to determine my physical ability to perform the job.

I understand my employment is contingent upon the results of a drug screen for illegal drugs. A confirmed positive screen will result in my disqualification from employment.

I authorize and consent to my references, employers and/or employer representatives, public agencies, licensing authorities, and educational institutions and persons or organizations named in this application and/or accompanying resume to release any information to Butte Electric Cooperative, Inc. that may be required to make an employment decision. I hereby release them from all liability for divulging the same.

I understand this application remains current only until the open position has been filled. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

I understand my employment is not guaranteed for any term, and my employment may be terminated by Butte Electric Cooperative, Inc. or myself at any time and for any reason. No manager, supervisor or representative of Butte Electric Cooperative, Inc. is authorized to make an oral or written assurance or promise of continued employment.

Do not sign until you have read the above APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant_____**Date** / /____

SELF-IDENTIFICATION

Butte Electric Cooperative, Inc. is an equal opportunity employer. All applicants are considered without regard to race, color, religion, gender, sexual orientation, marital status, age, national origin, military status, veteran status, disability, or any status that is protected by state or federal law.

In an effort to comply with government record keeping requirements, we ask that you **voluntarily** complete this information. The U.S. government requires employers to report the number of their applicants and employees in the racial, ethnic and veteran groups listed below. Refusal to provide this information will not subject you to any adverse treatment or be used when considering you for employment with our company. THIS INFORMATION WILL ONLY BE USED FOR REPORTING TO GOVERNMENTAL AGENCIES. IT WILL NOT BE USED IN DETERMINING ELIGIBILITY FOR EMPLOYMENT AND WILL BE KEPT SEPARATE FROM THE APPLICATION FORM.

Application Date: _____

Name:_____ **Social Security #:** _____

County of Residence:_____ **State of Residence:** _____

Position Applied for (must be specific): _____

Are you a: New Applicant_____ Internal Applicant _____

Referral Source:

_____ Employment Security Agency (Career Center)
_____ Walk-in
_____ Vocational Rehabilitation Service
_____ Educational/Technical Institution
_____ Personnel Agency
_____ Executive Recruiter
_____ Newspaper/Journal Ad
_____ Internal Posting
_____ Website
_____ Other

PART I – SEX, RACE AND ETHNICITY
The following designations are those currently required by the Federal government.

CHECK ONE ONLY ☐ MALE ☐ FEMALE

ARE YOU HISPANIC OR LATINO? ☐ NO ☐ YES *(proceed to part II)*

IF NO CHECK ONE ONLY

☐ **White** (Not Hispanic or Latino) (A *person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)*

☐ **Black or African American** (Not Hispanic or Latino) *(A person having origins in any of the black racial groups of Africa, includes Jamaican and West Indian.)*

☐ **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) (A *person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)*

☐ **Asian** (Not Hispanic or Latino) *(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)*

☐ **American Indian or Alaska Native** (Not Hispanic or Latino) *(A person having origins in any of the original peoples of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.)*

☐ **Two or More Races** (Not Hispanic or Latino) *(All persons who identify with more than one of the above five races.)*

SEE REAR OF FORM TO COMPLETE PART II AND PART III

PART II – IDENTIFICATION AS COVERED VETERAN (CHECK ALL THAT APPLY)

☐ **Veteran of the Vietnam Era** *This term means a person who served on active duty for 180 days or more, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such duty occurred: a) in the Republic of Vietnam between 2/28/61 and 5/7/75 or b) between 8/5/64 and 5/7/75 in all other cases or c) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed in the place/periods described in a) and b) above*

☐ **Disabled Veteran** *This term means a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap, or a person who was discharged or released from active duty because of a service-connected disability.)*

☐ **Other Veteran** *This term means a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.*

☐ **Recently Separated Veteran** *This term means a veteran who was discharged (other than dishonorably discharged) from active duty in the armed forces within the last three years.*

☐ A recipient of the **Armed Forces Services Medal**.

PART III – DISABLED

CHECK ONE ONLY ☐ NO ☐ YES

Any individual who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. ("Substantially limited" means an impairment that is "likely" to cause you to experience difficulty in securing, retaining or advancing in employment.)

All job qualification requirements must be job related and all information obtained from medical examinations and pre-employment inquiries will be used in accordance with job related standards. "Substantially limited" is added to clarify the meaning of that phrase for the purposes of these regulations. A definition of a qualified disabled individual is provided to assure that persons who are protected under the Act are those qualified to work rather than those who qualify solely to meet the definition of disabled. All physical and mental qualifications must be justified for the particular job for which the disabled person is being considered.

Thank You