



Are you related by "blood" or marriage to any present Carteret-Craven Electric Cooperative Employee or Director?  Yes  No If "Yes," please explain: \_\_\_\_\_

If hired, will you be able to work during the normal hours and days required for the position for which you are applying?  Yes  No If "No," please explain: \_\_\_\_\_

**3. Military Status**

Do you have any experience from your military service that would be relevant to the job for which you are applying?  Yes  No If "Yes," please explain: \_\_\_\_\_

**4. Education & Training**

<b>High School</b>	Name: _____ Address: _____ Did you graduate? _____ Graduation Date: _____	<b>College</b>	Name: _____ Address: _____ Did you graduate? _____ Graduation Date: _____
<b>Trade School or Other Certified School</b>	Name: _____ Address: _____ Did you graduate? _____ Graduation Date: _____	<b>Graduate School</b>	Name: _____ Address: _____ Did you graduate? _____ Graduation Date: _____

Do you have the professional licenses and certifications listed in the job announcement, job advertisement, or job description, or that are necessary to perform the job for which you are applying?  Yes  No  
 If "No," please explain:

**5. Employment History**

<b>Company Name:</b> _____ <b>Address:</b> _____  <b>Phone:</b> _____ <b>Supervisor</b> _____	<b>Employed From:</b> _____ <b>to</b> _____ <b>Position Title:</b> _____ <b>Duties:</b> _____  <b>Wages/Salary Range:</b> _____ <b>Reason for Leaving:</b> _____   
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<p><b>Company Name:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____</p> <p><b>Phone:</b> _____</p> <p><b>Supervisor</b> _____</p>	<p><b>Employed From:</b> _____ to _____</p> <p><b>Position Title:</b> _____</p> <p><b>Duties:</b> _____</p> <p>_____</p> <p><b>Wages/Salary Range:</b> _____</p> <p><b>Reason for Leaving:</b> _____</p> <p>_____</p> <p>_____</p>
<p><b>Company Name:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____</p> <p><b>Phone:</b> _____</p> <p><b>Supervisor</b> _____</p>	<p><b>Employed From:</b> _____ to _____</p> <p><b>Position Title:</b> _____</p> <p><b>Duties:</b> _____</p> <p>_____</p> <p><b>Wages/Salary Range:</b> _____</p> <p><b>Reason for Leaving:</b> _____</p> <p>_____</p> <p>_____</p>

**6. Personal References**

Name: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Years Known: \_\_\_\_\_

**7. Additional Comments**

**Clerical and Secretarial Applicants Only**

Place a 1 (one) if you have knowledge. Place a 2 (two) if you have experience.

Word Processing		Proofreading		Typing	
Handling Customer Concerns		Accounts Payable/Receivable		Cashiering	
Calculating Machine		Payroll		General Computer Skills	
Microsoft Word and Excel		Data Process Entry		Call Centers	

**Trades, Crafts and Technical Applicants Only**

Place a 1 (one) if you have knowledge. Place a 2 (two) if you have experience.

Warehousing		Radio Communication and Operation	
Computer Inventory Method		Pole Inspection	
Layout Work Orders		Load Management Systems	
Prepare Work Orders		Meter Reading	
Basic Electricity		Collecting Consumer Accounts	
Forestry Tree Trimming		Handling Consumer Accounts	
Forestry Brush Clearing		Connecting and Disconnecting Meters	
Forestry Clearing Machinery		Electrical Mapping Systems	
Material Control		Load Switching	
Perpetual Inventory		Line Construction	
Automotive Maintenance		Transformer Banks	
Painting and Bodywork on Vehicles		Regulators, Capacitors, Breakers, and Switches	
Electric and Gas Welding		Hotline Work, Primary and Secondary	
Electrical Hand tools		Underground (Primary and/or Secondary)	
Electrical Safety		Personal Computer	

**Professional Managerial Applicants Only**

List special job-related training. Please attach your resume.

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**Professional Managerial Applicants Only**

I hereby authorize Carteret-Craven Electric Cooperative to investigate all statements contained in this application. I understand that misrepresentation or omission of material facts will be a cause for immediate dismissal without notice.

I understand that passing an employment entrance examination by the Carteret-Craven Electric Cooperative physician is required after employment has been offered to determine physical fitness as related to job requirements. The corporate physician is hereby authorized to discuss the results of the medical examination, as it relates to work activities, with the appropriate Carteret-Craven personnel. I certify, as a condition of my employment, that all information given on this application is correct, and that I will comply with all the rules and regulations of this corporation that are in effect now and any others that may be instituted at a later date. I also agree to follow all health and safety regulations including the use of safety equipment at all times on the job.

I also authorize the release of information with regard to my behaviors, ability, employment and character and agree to hold any persons contacted harmless with respect to any information they may give.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures or handbooks that I might receive, is intended to provide an employment contract between Carteret-Craven Electric Cooperative and myself. No promises regarding employment have been made to me, and I understand that I have the right to terminate my employment at any time, for any reason or for no reason, and Carteret-Craven Electric Cooperative retains a similar right regarding the discontinuation of my employment, subject to the full extent of the law.

I understand that my employment is conditioned also upon the results of an employment entrance urine drug screen for which I submitted or will submit a specimen for testing. I realize that any positive result not caused by the presence of a legitimately prescribed prescription drug will cause my being refused employment or dismissed if the results of the test are received after my initial employment date.

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Signature

Date

THIS FORM MUST BE USED ONLY IF ON A SHEET THAT IS SEPARATED FROM THE EMPLOYMENT APPLICATION BEFORE IT IS SEEN BY ANY PERSON OR PERSONS MAKING THE HIRING-DECISION.

It must be kept in a separate file and used for statistical purposes only.

## APPLICANT DATA RECORD

As a government contractor we abide by the requirements of 41 CFR 60-300.S(a) and 60-741.S(a). These regulations prohibit discrimination against qualified individuals on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

As an employer taking affirmative action to ensure the removal of any possible discrimination and to help comply with governmental record-keeping requirements, we would appreciate your completing the form in this box. However, COMPLETION OF THIS BOX IS STRICTLY VOLUNTARY. This data will be kept in a confidential file, SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT.

NAME (Please Print) \_\_\_\_\_

Date:

Position Applied for: (list one, only) \_\_\_\_\_

- I am protected veteran, but I choose not to self-identify the classification to which I belong.
- I am NOT a protected veteran.

### PERSONAL TRAITS:

Check One:  Male  Female

Check One:  White (Not Hispanic or Latino)

- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Asian
- American Indian/Alaskan Native
- Two or More Races

Check If Applicable:

- Recently Separated Veteran
- Active Duty Wartime or Campaign Badge Veteran