

Central Valley Electric Cooperative, Inc.
P.O. Box 230
Artesia, NM 88211-0230
Physical location: 1403 N. 13th St., Artesia, NM

APPLICATION FOR EMPLOYMENT

Date: _____

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 completed. 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. We appreciate your time in filling out this application for employment.

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

CENTRAL VALLEY ELECTRIC COOPERATIVE, INC. IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.

PLEASE PRINT

Name _____
(Last) (First) (Middle)

Address _____
(Street) (Telephone)

(City) (State) (Zip) (Alternate Phone #)

You will be required to provide your social security number if offered a position.

Do you have the legal right to work in the United States? _____ Yes _____ No

How were you referred to the Cooperative?

Is any member of your family employed by Central Valley Electric Cooperative? Yes No

Have you ever applied for a job with the Cooperative? Yes No

If Yes, when? _____

Have you ever worked at the Cooperative before? Yes No

If Yes, when? _____

Position for which you are applying (be specific)

You may request a position description for an open position. Please call (575) 746-3571 or visit the Cooperative or e-mail at hr@cvecoop.org to obtain that information from Human Resources.

Salary Expected _____ per _____

Are you at least 18 years of age? Yes No

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

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

(The essential functions of a position are included on the position description).

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. (Exclude those that may disclose your race, color, religion, sex, national origin, age, disability, veteran status, or union affiliations).

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone #

Are you available to work from 8 a.m. to 5 p.m. Monday thru Friday? Yes No

Depending on the position you are applying for, you may be required to work different hours than those stated above.

Would you have a problem with working a different schedule? Yes No

Will you work overtime if asked? Yes No

Are you willing to work after-hours call-out duty and/or on-call assignments? Yes No

EDUCATION You may be asked to provide a transcript detailing your academic career.

School Name	Address (City & State)	# of Years Attended	Degree	Major
<input type="checkbox"/> High				
<input type="checkbox"/> College				
<input type="checkbox"/> Other				
<input type="checkbox"/> Courses now studying				

PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY

List special training or noteworthy achievements.

CLERICAL AND SECRETARIAL APPLICANTS ONLY

Place a check mark for experience.

- | | | |
|---|---|--|
| <input type="checkbox"/> Word Processor | <input type="checkbox"/> Switchboard | <input type="checkbox"/> Data Process Entry |
| <input type="checkbox"/> Handling Consumer Concerns | <input type="checkbox"/> Proofreading | <input type="checkbox"/> Typing <input type="checkbox"/> WPM |
| <input type="checkbox"/> Calculating Machine | <input type="checkbox"/> Accounts Receivable, Payable, or Payroll | <input type="checkbox"/> Personal Computer |
| <input type="checkbox"/> Load Management Systems | | |

TRADES, CRAFTS, AND TECHNICAL APPLICANTS ONLY

Place a check mark for experience.

- | | |
|--|--|
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Electrical Hand Tools |
| <input type="checkbox"/> Computer Inventory Methods | <input type="checkbox"/> Electrical Safety |
| <input type="checkbox"/> Lay Out Work Orders | <input type="checkbox"/> Radio Communication & Operation |
| <input type="checkbox"/> Prepare Work Orders | <input type="checkbox"/> Pole Inspection |
| <input type="checkbox"/> Basic Electricity | <input type="checkbox"/> Load Management Systems |
| <input type="checkbox"/> Tree Trimming | <input type="checkbox"/> Meter Reading |
| <input type="checkbox"/> Brush Clearing | <input type="checkbox"/> Collecting Money on Consumer Accounts |
| <input type="checkbox"/> Clearing Machinery | <input type="checkbox"/> Handling Consumer Concerns |
| <input type="checkbox"/> Material Control | <input type="checkbox"/> Connecting & Disconnecting Meters |
| <input type="checkbox"/> Perpetual Inventory | <input type="checkbox"/> Electrical Mapping Systems |
| <input type="checkbox"/> Automotive Maintenance | <input type="checkbox"/> Load Switching |
| <input type="checkbox"/> Vehicle Painting & Bodywork | <input type="checkbox"/> Substation Construction |
| <input type="checkbox"/> Electric & Gas Welding | <input type="checkbox"/> Line Construction |
| <input type="checkbox"/> Hotline Work, Primary & Secondary | <input type="checkbox"/> Regulators, Capacitors, Breakers & Switches |
| <input type="checkbox"/> Underground Experience (Primary and/or Secondary) | |

EMPLOYMENT RECORD (Most recent employer first)

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

Attach additional sheets if necessary.

Please attach resume to application.

IMPORTANT! READ THIS:

CERTIFICATION

I CERTIFY THAT ALL INFORMATION PROVIDED IN SUPPORT OF MY EMPLOYMENT WITH THE COOPERATIVE, INCLUDING BUT NOT LIMITED TO THIS APPLICATION, RESUME, MEDICAL INFORMATION, AND INFORMATION PROVIDED BY ME DURING INTERVIEWS, IS CORRECT TO THE BEST OF MY KNOWLEDGE. 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 COOPERATIVE. I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, 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 OR THE GENERAL MANAGER OF THE COOPERATIVE. I FURTHER UNDERSTAND THAT IF OFFERED EMPLOYMENT, I WILL BE REQUIRED TO TAKE A PHYSICAL EXAMINATION. SUCH EXAMINATION MAY INCLUDE BLOOD, BREATH, URINE, OR SALIVA TESTS TO DETERMINE THE PRESENCE OR USE OF ALCOHOL AND/OR ILLEGAL CONTROLLED SUBSTANCES.

Signature of Applicant

Date

FOR EMPLOYER'S USE ONLY

Interviewed By: _____

Date: _____

Comments: _____
