APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Bowie-Cass ELECTRIC COOPERATIVE

Box 47, Highway 8 North
Douglassville, Texas 75560

Phone 903-846-2311
Fax 903-846-8054

PERSONAL DATA

Position applied for: _____ Date of Application: _____

Name: _____
(Last) *(First)* *(Middle Initial)*

Address: _____
(Street) *(City)* *(State)* *(Zip Code)*

Cell Phone Number: _____ Email: _____

Other Phone Number: _____

Date available for work? _____ Are you at least 18 yrs. old? ☐ Yes ☐ No

Will you work overtime? ☐ Yes ☐ No Will you work weekends? ☐ Yes ☐ No

Can you relocate if job requires it? ☐ Yes ☐ No Can you travel for work? ☐ Yes ☐ No

Check each type of work you will accept: ☐ temporary ☐ part-time ☐ full-time

Have you ever filed an application here before? ☐ Yes ☐ No ☐ Date: _____

Have you ever been employed here before? ☐ Yes ☐ No ☐ Date: _____

Are you or your spouse related to any officer or employee of this employer? ☐ Yes ☐ No If yes, who? _____

What shift(s) are you available? ☐ 1st ☐ 2nd ☐ Weekend

EDUCATION AND TRAINING

Name of Schools Attended and Location (City / State)		Dates Attended From: To:	Grade Average	Major Field	Degree Received
High School					Please circle Diploma: yes/no GED: yes/no
College/University					
Business College					
Technical Training					
Other					

The following space is provided for other information concerning special training, interests, career goals, or any other data you wish to provide.

AN EQUAL OPPORTUNITY EMPLOYER

List each position held. Start with your current or most recent assignment and work backward. If you need additional space, please continue on separate sheet(s) of paper.

THIS SECTION MUST BE COMPLETED IN FULL. PLEASE DO NOT INDICATE "SEE RESUME."

Are you presently employed? ☐ Yes ☐ No May we contact present employer? ☐ Yes ☐ No

Employer	**Dates** From: To:
Address	**Salary** Starting: Ending:
Job Title	Summary of Job Duties
Supervisor Title	
Telephone Number(s)	
Reason for leaving	

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PROFESSIONAL CERTIFICATIONS, LICENSES or MEMBERSHIP

ADDITIONAL INFORMATION

You must be authorized to work in the United States in order to be employed by this employer. If you are one of the following, please check here: ☐

- A citizen or a national of the United States
- An alien lawfully admitted for permanent residence
- An alien authorized by Immigration and Customs Enforcement to work in the United States

If the position for which you are applying requires the operation of a motor vehicle, do you have a current Texas Driver's License? ☐ Yes ☐ No If yes, provide: License No. _____
Type of license: ☐ Operator ☐ Commercial If yes, ☐ Type A ☐ Type B

If applicable to the position for which you are applying, what languages do you speak? _____
Write/read?_____

REFERENCES

List three persons not related to you who can describe your qualifications for the position you seek.

Name	Organization	Telephone No.	Occupation

APPLICANT CERTIFICATION

I certify that the information provided in connection with my application for employment is true, correct and complete. I understand that any false statement or omission may disqualify me from consideration for employment, and, if I am employed, any misstatement or omission of fact may result in my dismissal.

I hereby release and authorize the company and its agent to verify, inspect, copy and obtain records pertaining to the information I have provided in this application. I hereby authorize any persons or concerns to furnish information in their possession concerning any of the information I have provided in this application and release such persons or concerns from any and all liability arising therefrom.

I understand and agree that:

- Business needs may at times make the following conditions mandatory: overtime, shift work, shift changes, rotating work schedule, or weekend work schedules. I accept these as conditions of continuing employment.
- If employed, I will agree not to divulge any confidential information I have gained and to protect the company's confidential information.
- This application for employment and any attachment(s) are the property of the company and will become part of my personnel file if I am hired.
- If employed by the company, I agree to abide by its rules and regulations. Further, I understand and agree that employment is at will and may be terminated at any time, with or without cause or reason and with or without notice. This application cannot be construed as a contract or as a guarantee of employment or continued employment and no agreement to the contrary will be effective.

As a condition of employment with the company, I understand I must pass a drug screen and have satisfactory results on a criminal background check.

I agree and acknowledge that the terms and conditions of employment cannot be changed except by a written document.

The company reserves the right to administer drug screening procedures for cause or upon reasonable suspicion. I consent to participation in any such program(s) and I understand and agree that the company may take disciplinary action up to and including termination of employment for failure to pass or refusal to take a drug screen.

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT THE SAME AS CONDITIONS OF MY EMPLOYMENT.

Signature of Applicant Date

NOTICE TO APPLICANTS

Screening test for illegal drug use may be required as a condition of employment.