

# APPLICATION FOR EMPLOYMENT

## BRAZOS ELECTRIC POWER COOPERATIVE, INCORPORATED

POST OFFICE BOX 2585 WACO, TEXAS 76702-2585  
(254) 750-6500 / GENERAL OFFICE: 2404 LASALLE AVENUE

**Brazos Electric Power Cooperative, Inc. is an Equal Opportunity Employer and as such will not discriminate against any qualified employee or applicant because of race, religion, creed, sex, age, national origin, veteran status, or disability.**

TO THE APPLICANT: This form is designed to help you find employment with our company by informing us of your qualifications. If not enough space is provided, or if we have not asked for information you believe to be important, you may add as much additional information as you wish. Any information will be treated as a personal matter and kept confidential. Fill out the form in your own handwriting. Answer Every Question, even when you attach a resume.

### GENERAL DATA

Full Name \_\_\_\_\_ Date \_\_\_\_\_  
                    First                    MI                    Last

Address \_\_\_\_\_  
                    Street or P.O. Box                    City                    State                    Zip Code

Social Security No. \_\_\_\_\_ Phone: Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Class \_\_\_\_\_

What job or position are you seeking? \_\_\_\_\_

Lowest starting salary you will accept \_\_\_\_\_ How soon after acceptance can you start to work? \_\_\_\_\_

Will you work: Overtime? Yes \_\_\_ No \_\_\_ Rotating shifts? Yes \_\_\_ No \_\_\_ Will you relocate? Yes \_\_\_ No \_\_\_

Have you worked for Brazos or one of its member cooperatives before? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_

Are you related by blood or marriage to any employee or Director of Brazos? \_\_\_\_\_ If so, state name and relationship

Can you furnish proof of eligibility to work in the United States? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If so, explain fully \_\_\_\_\_

Are you known by another name by schools, references or previous employers? Yes \_\_\_ No \_\_\_ If yes, by what name

**"AN EQUAL OPPORTUNITY EMPLOYER"**

## EDUCATIONAL DATA

Did you graduate from High School? \_\_\_\_\_ Name of school and location \_\_\_\_\_

If not HS graduate, have you completed your G.E.D.? \_\_\_\_\_ Date \_\_\_\_\_ Where \_\_\_\_\_

Outline below other Education and Training beyond High School

Name of School and Location	Date From – To	Degree of Certificate Earned	Field of Study

Professional Licenses or Certifications: \_\_\_\_\_

List any office equipment you use \_\_\_\_\_

Proficient in What Application Software? \_\_\_\_\_

List the type and rate any construction or field equipment or motor vehicles you can operate: \_\_\_\_\_

## MILITARY SERVICE DATA

Have you served in the Armed Forces? \_\_\_\_\_ What Branch? \_\_\_\_\_ Date Entered: \_\_\_\_\_

Date discharged: \_\_\_\_\_ Highest Rank or Grade: \_\_\_\_\_

What special training did you receive or what usable skills did you acquire during your service? \_\_\_\_\_

## REFERENCES

List at least three persons OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS who can tell us about your work and personal habits, should that be necessary.

Name	Complete Address	Telephone Number

## EMPLOYMENT HISTORY

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Work Dates From - To	PRESENT OR MOST RECENT EMPLOYER _____ Telephone No. _(____)_____  Address _____ Kind of Business _____  Your Job Title _____ Division/Department _____ End Salary _____  Duties _____ _____  Reasons for leaving _____  Immediate Supervisor _____
Work Dates From - To	PREVIOUS EMPLOYER _____ Telephone No. _(____)_____  Address _____ Kind of Business _____  Your Job Title _____ Division/Department _____ End Salary _____  Duties _____ _____  Reasons for leaving _____  Immediate Supervisor _____
Work Dates From - To	PREVIOUS EMPLOYER _____ Telephone No. _(____)_____  Address _____ Kind of Business _____  Your Job Title _____ Division/Department _____ End Salary _____  Duties _____ _____  Reasons for leaving _____  Immediate Supervisor _____
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If you need additional space, please continue on a separate sheet of paper.

Please provide the following information if a valid drivers license is a job related requirement of the position for which you have applied.

### ACCIDENT RECORD

List all accidents in which you were involved as a driver during the preceding three years.

Date	Nature	Number of Fatalities	Persons Injured
_____	_____	_____	_____
_____	_____	_____	_____

### TRAFFIC VIOLATION RECORD

List all violations of motor vehicle law or ordinances including traffic tickets (other than parking) of which you were convicted or forfeited bond or collateral, on which you paid a fine or fee, during the three years preceding date of this application.

Date	Type	Location
_____	_____	_____
_____	_____	_____

### LICENSE DENIAL OR REVOCATION

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_
  - B. Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_
- (IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS BELOW)

\_\_\_\_\_

\_\_\_\_\_

### APPLICANT AUTHORIZATION

Please Read Carefully Before Signing

This certifies that this application was completed by me, and that all entries on it and information on it are true and correct to the best of my knowledge. I understand that satisfactory completion of a physical and other examinations are required as a condition of employment. I authorize by my signature below or a copy thereof, investigation of all statements contained in this application form. The Cooperative shall be held harmless for relying on information obtained from these sources, even if the information provided is inaccurate or erroneous. Further, I understand that misrepresentation or omission of facts called for is cause for my dismissal.

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 create an employment contract between Brazos Electric Cooperative and myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Cooperative unless in writing and signed by the General Manager. If an employment relationship is established, I understand that I will be an employee at will and that I have a right to terminate my employment at any time, for any reason or for no reason, and Brazos Electric Cooperative likewise retains the same right to terminate my employment at will.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY			
Application Processing	Job Code Number _____	Flow Chart _____	Screened by _____ Date _____
Routed to:	Date	Remarks	

**SELF-IDENTIFICATION SECTION**

COMPLETION IS VOLUNTARY

Brazos Electric Cooperative is required to provide statistical reports to governmental agencies analyzing the composition of the pool of applicants. The information requested below will be used for the compilation of statistical reports and recordkeeping purposes, and no information provided will be used in any unlawful manner.

POSITION APPLIED FOR: \_\_\_\_\_

**PLEASE CHECK APPROPRIATE BOX FOR EACH CATEGORY:**

**RACE/ETHNICITY**

- 1.  BLACK OR AFRICAN AMERICAN (Not Hispanic or Latino) - A person having origins in any of the Black racial groups of Africa.
- 2.  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.
- 3.  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.
- 4.  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. Please identify with which tribe you are affiliated.
- 5.  WHITE (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- 6.  TWO OR MORE RACES (Not Hispanic or Latino) – Persons who identify with two or more race/ethnic categories named above.
- 7.  HISPANIC OR LATINO - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

**SEX**

- 1.  Male
- 2.  Female

**DISABILITY DATA**

- 1.  DISABLED INDIVIDUAL - Person who (1) has a physical or mental impairment which substantially limits one or more major life activity, or (2) has a record of such impairment, or (3) is regarded as having such impairment.

**VETERAN DATA**

- 1.  DISABLED VETERAN - Person entitled to disability compensation under law administered by Veterans Administration for disability rated 30% or more OR person discharged/released from active duty because of a service-connected disability.
- 2.  VIETNAM ERA VETERAN - Person who served on active duty for more than 180 days, any part of which occurred between August 5, 1964 to May 7, 1975 and was discharged/released with other than a dishonorable discharge or was discharged/released from active duty for a service-connected disability.
- 3.  NEWLY SEPARATED VETERANS – Person who served active duty during the one-year period beginning on the date of such veteran’s discharge or release from active duty.
- 4.  OTHER PROTECTED VETERANS - Person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

**REFERRAL SOURCE:** How did you find out about this job?

- 1.  State Employment Office
- 2.  Classified Ad (specify source) \_\_\_\_\_
- 3.  Friend/Relative
- 4.  Social/Community Organization (specify)\_\_\_\_\_
- 5.  Private Employment Agency
- 6.  Current Brazos Electric Employee (specify)\_\_\_\_\_
- 7.  Self Referral: Walk-n, Write in Phone-In
- 8.  Internet/Other Publication or source (specify) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_