



Sierra Electric Cooperative, Inc.

APPLICATION FOR EMPLOYMENT

NOTICE TO ALL PERSONS SEEKING EMPLOYMENT WITH SEC

Those applicants requiring reasonable accommodations for the hiring process should notify a representative of the Human Resources Department.

You must complete the entire application even if you have attached or submitted a resume.

You must sign and date the last page of the application.

This application shall be considered active for a period of time not to exceed one year.

EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of Sierra Electric Cooperative, Inc. (SEC) to be an Equal Opportunity Employer. SEC affords employment to those qualified persons without regard to race, color, religious creed, sex, spousal affiliation, age, national origin, physical or mental disability, medical condition, Vietnam-era or disabled veteran status, military service, sexual orientation, gender identity or any other basis protected by federal or state law.

PRE-EMPLOYMENT EXAMINATIONS

Applicants who have been given an offer for employment are required to undergo a physical examination, and a pre-employment drug screen for illegal drugs. Employment may be contingent upon satisfactory completion of the physical examination and a negative drug test. The examination and testing are conducted by an SEC designated physician at no cost to the applicant. The physical examination will ensure the applicant can perform the essential physical requirements of the position.

Position applied for _____ Date of Application _____

Referred By _____

GENERAL (PLEASE PRINT LEGIBLY)

Name _____
Last First Middle

Address _____
Street City ST Zip

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

Social Security # (optional) _____

Are you related to anyone who works for SEC? _____ Yes _____ No If Yes, whom? _____

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

Are you legally eligible for employment in the United States? _____ Yes _____ No
(Proof of citizenship or immigration status will be required upon employment.)

Have you been convicted of a felony or a misdemeanor within the last 5 years *(other than a minor traffic violation)*?
_____ Yes _____ No

If Yes, please provide the nature of the crime(s), when and where convicted, and the disposition of the case.

(Conviction does not constitute an automatic bar to employment.)

Will you travel if the job requires it? _____ Yes _____ No

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

Can you perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? _____ Yes _____ No

Are you currently employed? _____ Yes _____ No

May we contact your current employer? _____ Yes _____ No

Have you ever been fired from a job or asked to resign? _____ Yes _____ No If yes, please explain.

EDUCATION

	Name and Location	Program Studied/Areas of Concentration	# of Years Completed	Diploma/Degree
High School				
College/University				
Graduate School				
Vocational/Technical				
Other				

EMPLOYMENT

Please give accurate, complete, full-time and part-time employment record.

Start with present or most recent employer.

1	Company Name	Phone (including area code)	
	Address	Employed (Month/Year)	
	Name of Supervisor	From	To
	State Job Title and Describe Your Work	Start	Last
		Reason for Leaving	
2	Company Name	Phone (including area code)	
	Address	Employed (Month/Year)	
	Name of Supervisor	From	To
	State Job Title and Describe Your Work	Start	Last
		Reason for Leaving	

3 Company Name	Phone (including area code)	
Address	Employed (Month/Year)	
	From	To
Name of Supervisor	Hourly Rate or Salary	
	Start	Last
State Job Title and Describe Your Work	Reason for Leaving	
4 Company Name	Phone (including area code)	
Address	Employed (Month/Year)	
	From	To
Name of Supervisor	Hourly Rate or Salary	
	Start	Last
State Job Title and Describe Your Work	Reason for Leaving	

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying?

What machines, equipment, or software programs are you proficient with that are related to the job for which you are applying?

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, provide details. _____

REFERENCES

List three persons not related to you, whom you have known at least one year, and can comment on your work experience.

Name	Years Acquainted	How Acquainted	Address and Telephone Number

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative report. This investigative report may include information regarding my motor vehicle driving record and a criminal background check, in accordance with the Fair Credit Reporting Act, Public Law 91-508.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment. I further agree that if I am employed by SEC, SEC may, at its discretion, and in accordance with its policies and procedures, require me to submit to a drug and/or alcohol screening examination at any time while on the job during my employment. I further agree that a finding of the presence of a prohibited substance will constitute grounds for denial of employment or, if the procedure is administered following my employment by SEC, the presence of any such substance will be sufficient cause for disciplinary sanctions up to and including termination of employment with SEC, as will be refusal on my part to submit to such examination when requested by SEC. I further agree and consent to the release of all medical test results to the management of SEC and expressly consent to the use of such information by SEC to the extent necessary to establish a claim or defense in any controversy between SEC and me.

I UNDERSTAND THAT THIS APPLICATION FOR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I HAVE READ, UNDERSTAND AND BY MY SIGNATURE CONSENT TO THESE STATEMENTS.

Date

Applicant Signature

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

**PLEASE READ CAREFULLY
and COMPLETE.**

This release and authorization acknowledges that SIERRA ELECTRIC COOPERATIVE, INC. (SEC) may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history, contact personal references, motor vehicle records, conduct drug testing and receive any criminal history record information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and verify any other information deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide Sierra Electric Cooperative Inc., with all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

According to the Fair Credit Reporting Act, I am entitled to know if employment was denied based upon information obtained by my prospective employer and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report.

CONFIDENTIAL INFORMATION: FOR POSITIVE IDENTIFICATION PURPOSES ONLY

APPLICANT:

Name Typed or Printed

Social Security Number

Signature

Address

Maiden or other names used in **last seven (7)** years

City, State, and ZIP

Name at graduation from high school/college

Drivers License Number

Date of Birth (for identification purposes only)

State (DL#)

Today's Date

May we contact your current employer? Yes No

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identify theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

PLEASE INSERT RESUME AND/OR ADDITIONAL
DOCUMENTATION HERE.