



**CORDOVA ELECTRIC COOPERATIVE, INC.
EMPLOYMENT APPLICATION**

THIS APPLICATION IS FOR ALL CEC POSITIONS.

1. Complete this application and fill out all applicable sections. Please be particularly thorough when completing the description of duties sections from your prior jobs. Resumes are welcome, but do not replace a fully completed and signed application. Finished applications can be submitted to CEC by:
 - a. Emailing to HR@cordovaelectric.com
 - b. Delivering in person to the CEC office at 705 Second Street.
 - c. Mailing to P.O. Box 20; Cordova, AK 99574

2. CEC is an Equal Opportunity Employer. CEC provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws.

This applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

3. Any offer of employment with CEC is contingent upon the applicant passing a background check and a pre-employment drug test, and a medical examination, if required by the position. Additionally, applicants for positions requiring a commercial driver's license (CDL) must pass a pre-employment drug and alcohol test and other Department of Transportation (DOT) required screening.
4. Please attach any other documents you'd like to provide, such as cover letter, resume, letters of reference, etc.

Cordova Electric Cooperative, Inc.
Employment Application

Position Applying For: _____

PERSONAL INFORMATION

Name: _____
Last First MI

Phone Number: _____ Can you send/receive texts at this number? Yes No

Email: _____

Mailing Address: _____
Address City State Zip Code

Resident Address: _____
Address City State Zip Code

Can you perform the essential functions of the position for which you are applying? Yes No

On what date can you start? _____

Would you accept a temporary position? Yes No Are you over 18? Yes No

Are you eligible to work in the United States for CEC? Yes No

NOTE: If hired by CEC, you must provide proof of identity and of authorization to work in the United States.

Are you related, directly or through marriage, however remotely, to any current CEC employee?

Yes No If yes, to whom are you related and how? _____

Are you related, directly or through marriage, however remotely, to any current director or director who has served within the last year on CEC's Board of Directors? Yes No

If yes, to whom are you related and how? _____

Have you worked for CEC in the past? Yes No

If yes, what was your job title and dates of employment? _____

Have you ever been convicted of a crime other than traffic violations? Yes No

NOTE: A conviction is not an automatic bar to employment; each situation is considered on its own merits.

If yes, give details, including date and location of conviction, and whether state or federal.

Driver's License? Yes No Number: _____ Expiration Date: _____ Class: _____

Are you a veteran of the U.S. Military Service? Yes No

Branch of Service: _____ Active Duty: From _____ To _____

EMPLOYMENT RECORD

List your last three (3) employers or all your employers within the last ten (10) years, whichever is greater. Please fill in completely, using additional sheets if necessary. Do not say "see resume." Incomplete information could disqualify you from further consideration.

Present/Last Employer: _____

Address: _____
Address City State Zip Code

Phone Number: _____

Employment Dates: From _____ To _____ Job Title: _____

Job Duties: _____

Immediate Supervisor's Name & Title: _____

Reason for leaving: _____

May we contact your present employer? Yes No

Next Previous Employer: _____

Address: _____
Address City State Zip Code

Phone Number: _____

Employment Dates: From _____ To _____ Job Title: _____

Job Duties: _____

Immediate Supervisor's Name & Title: _____

Reason for leaving: _____

Next Previous Employer: _____

Address: _____
Address City State Zip Code

Phone Number: _____

Employment Dates: From _____ To _____ Job Title: _____

Job Duties: _____

Immediate Supervisor's Name & Title: _____

Reason for leaving: _____

SUMMARY OF ADDITIONAL WORK EXPERIENCE

List all other work experience related to this position. Attach additional sheets if necessary.

EDUCATION

High School Name: _____

Number of years completed: _____ Graduated: Yes No G.E.D.: Yes No

City: _____ State: _____

College and/or Vocational School Name: _____

Number of years completed: _____ Major: _____

Graduated: Yes No City: _____ State: _____

Graduate/Professional School Name: _____

Number of years completed: _____ Major: _____

Graduated: Yes No City: _____ State: _____

Other training/degrees/certificates: _____

REFERENCES

List three references who have knowledge of your work experience and abilities:

Name Address Phone

Name Address Phone

Name Address Phone

CERTIFICATION AND AUTHORIZATION

I UNDERSTAND, CERTIFY, AND AGREE TO THE FOLLOWING CONDITIONS OF EMPLOYMENT:

I understand that CEC may make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving or receiving of any such information. I understand that any falsification of this data, any material misrepresentation, or any deliberate omission of a fact may prevent my being hired, or if hired, may subject me to immediate dismissal. I certify that all the employment materials I have submitted are true and correct.

Upon offer of employment, I agree to submit to such drug and/or alcohol testing and medical examinations as CEC may require. I understand that positive test results or refusal to consent to these tests will disqualify me from employment. I agree that should I fail any medical examination, I may not be hired, or if hired, I could be terminated.

I hereby authorize the Department of Public Safety, Division of Motor Vehicles to release my driving record to CEC and/or its insurance carrier.

I further understand that this is an application for employment and that no employment contract is being offered; and that if I am employed, such employment is for no definite period of time. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory for non-bargaining unit and bargaining unit employees: over-time, shift work, or a work schedule other than Monday through Friday. CEC will observe any labor agreements which may be in effect.

Applicant's Signature: _____

Date: _____