



ATTN: Kelley Sanders
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EMPLOYMENT APPLICATION

Notice to Any Person Seeking Employment with OCEC

- < 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/submitted a resume.
- < You must sign and date on the back of the application.

EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of Otero County Electric Cooperative, Inc. (OCEC) to be an Equal Opportunity Employer. The Cooperative affords employment to those qualified persons without regard to race, color, religious creed, sex, spousal affiliation, age, national origin or ancestry, physical disability, 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

To ensure the continued health and safety of all employees and members of OCEC, applicants who have been given an offer for employment, may be required to complete a physical examination. All applicants who have been given an offer for employment will be required to submit a pre-employment drug test for illegal drugs. Employment may be contingent upon satisfactory completion of a physical examination and a negative drug test. The examination and testing are conducted by an OCEC designated physician at no cost to the applicant. The physical examination will ensure the applicant can perform the essential physical requirements of position.

Position applied for: _____ Date of Application: _____

PERSONAL

Name: _____
Last First Middle

Address: _____
Street

_____ City State Zip

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

Social Security # (optional) _____ Email Address _____

Are you over 18 years of age? Yes No

| | | |
|----------------------------|---------------------------------|------------------------------|
| 3 | Company Name | Telephone |
| | Address | Employed (Month/Year) |
| | | From To |
| | Name of Supervisor | Weekly Pay |
| Job Title & Describe Work | Start Last | |
| | | |
| 4 | Company Name | Telephone |
| | Address | Employed (Month/Year) |
| | | From To |
| | Name of Supervisor | Weekly Pay |
| Job Title & De scribe Work | Start Last | |
| | | |

SPECIAL SKILLS

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

What machines or equipment can you operate 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, give details: _____

List professional, trade, business or civic activities and offices held.
 (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

Have you worked or attended school under any other names? Yes No
If yes, give names: _____

Are you presently employed? Yes No
If yes, whom do you suggest we contact? _____

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

| |
|-------------------|
| REFERENCES |
|-------------------|

Give below the names of three persons not related to you, whom you have known at least one year, and can comment on your work experience.

| 1 | Name | Address & Phone Number | Business | Years Acquainted |
|---|------|------------------------|----------|------------------|
| 2 | Name | Address & Phone Number | Business | Years Acquainted |
| 3 | Name | Address & Phone Number | Business | Years Acquainted |

AFFIDAVIT
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

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 consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and other. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

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 also understand and consent to a full criminal background check if offered employment with OCEC.

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 OCEC, OCEC 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 OCEC, the presence of any such substance will be sufficient cause for disciplinary sanctions up to and including termination of employment with OCEC, as will be refusal on my part to submit to such examination when requested by OCEC. I further agree and consent to the release of all medical test results to the management of OCEC and expressly consent to the use of such information by OCEC to the extent necessary to establish a claim or defense in any controversy between OCEC 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

Applicants Signature

FOR EMPLOYER'S USE ONLY

REFERENCES

| EMPLOYER | PERSON CONTACTED | RESULTS |
|----------|------------------|---------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

INTERVIEWER NAME AND COMMENTS

PERSONNEL OFFICE USE ONLY

INTERVIEW BY 1. _____ DATE _____
2. _____ DATE _____
3. _____ DATE _____

HIRE? YES NO DATE OF EMPLOYMENT _____

JOB TITLE _____ DEPT _____ RATE OF PAY \$ _____