

Are you related by "blood" or marriage to any present Carteret-Craven Electric Cooperative Employee or Director? Yes No If "Yes," please explain: _____

If hired, will you be able to work during the normal hours and days required for the position for which you are applying? Yes No If "No," please explain: _____

3. Military Status

Do you have any experience from your military service that would be relevant to the job for which you are applying? Yes No If "Yes," please explain: _____

4. Education & Training

| | | | |
|---|--|------------------------|--|
| High School | Name: _____ Address: _____ Did you graduate? _____ Graduation Date: _____ | College | Name: _____ Address: _____ Did you graduate? _____ Graduation Date: _____ |
| Trade School or Other Certified School | Name: _____ Address: _____ Did you graduate? _____ Graduation Date: _____ | Graduate School | Name: _____ Address: _____ Did you graduate? _____ Graduation Date: _____ |

Do you have the professional licenses and certifications listed in the job announcement, job advertisement, or job description, or that are necessary to perform the job for which you are applying? Yes No
 If "No," please explain:

5. Employment History

| | |
|---|---|
| Company Name: _____ Address: _____ Phone: _____ Supervisor _____ | Employed From: _____ to _____ Position Title: _____ Duties: _____ Wages/Salary Range: _____ Reason for Leaving: _____ |
|---|---|

| | |
|---|--|
| <p>Company Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Supervisor _____</p> | <p>Employed From: _____ to _____</p> <p>Position Title: _____</p> <p>Duties: _____</p> <p>_____</p> <p>Wages/Salary Range: _____</p> <p>Reason for Leaving: _____</p> <p>_____</p> <p>_____</p> |
| <p>Company Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Supervisor _____</p> | <p>Employed From: _____ to _____</p> <p>Position Title: _____</p> <p>Duties: _____</p> <p>_____</p> <p>Wages/Salary Range: _____</p> <p>Reason for Leaving: _____</p> <p>_____</p> <p>_____</p> |

6. Personal References

Name: _____

Address: _____

Home Phone Number: _____

Business Phone Number: _____

Years Known: _____

Name: _____

Address: _____

Home Phone Number: _____

Business Phone Number: _____

Years Known: _____

Name: _____

Address: _____

Home Phone Number: _____

Business Phone Number: _____

Years Known: _____

7. Additional Comments

Clerical and Secretarial Applicants Only

Place a 1 (one) if you have knowledge. Place a 2 (two) if you have experience.

| | | | | | |
|----------------------------|--|-----------------------------|--|-------------------------|--|
| Word Processing | | Proofreading | | Typing | |
| Handling Customer Concerns | | Accounts Payable/Receivable | | Cashiering | |
| Calculating Machine | | Payroll | | General Computer Skills | |
| Microsoft Word and Excel | | Data Process Entry | | Call Centers | |

Trades, Crafts and Technical Applicants Only

Place a 1 (one) if you have knowledge. Place a 2 (two) if you have experience.

| | | | |
|-----------------------------------|--|--|--|
| Warehousing | | Radio Communication and Operation | |
| Computer Inventory Method | | Pole Inspection | |
| Layout Work Orders | | Load Management Systems | |
| Prepare Work Orders | | Meter Reading | |
| Basic Electricity | | Collecting Consumer Accounts | |
| Forestry Tree Trimming | | Handling Consumer Accounts | |
| Forestry Brush Clearing | | Connecting and Disconnecting Meters | |
| Forestry Clearing Machinery | | Electrical Mapping Systems | |
| Material Control | | Load Switching | |
| Perpetual Inventory | | Line Construction | |
| Automotive Maintenance | | Transformer Banks | |
| Painting and Bodywork on Vehicles | | Regulators, Capacitors, Breakers, and Switches | |
| Electric and Gas Welding | | Hotline Work, Primary and Secondary | |
| Electrical Hand tools | | Underground (Primary and/or Secondary) | |
| Electrical Safety | | Personal Computer | |

Professional Managerial Applicants Only

List special job-related training. Please attach your resume.

Professional Managerial Applicants Only

I hereby authorize Carteret-Craven Electric Cooperative to investigate all statements contained in this application. I understand that misrepresentation or omission of material facts will be a cause for immediate dismissal without notice.

I understand that passing an employment entrance examination by the Carteret-Craven Electric Cooperative physician is required after employment has been offered to determine physical fitness as related to job requirements. The corporate physician is hereby authorized to discuss the results of the medical examination, as it relates to work activities, with the appropriate Carteret-Craven personnel. I certify, as a condition of my employment, that all information given on this application is correct, and that I will comply with all the rules and regulations of this corporation that are in effect now and any others that may be instituted at a later date. I also agree to follow all health and safety regulations including the use of safety equipment at all times on the job.

I also authorize the release of information with regard to my behaviors, ability, employment and character and agree to hold any persons contacted harmless with respect to any information they may give.

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 provide an employment contract between Carteret-Craven Electric Cooperative and myself. No promises regarding employment have been made to me, and I understand that I have the right to terminate my employment at any time, for any reason or for no reason, and Carteret-Craven Electric Cooperative retains a similar right regarding the discontinuation of my employment, subject to the full extent of the law.

I understand that my employment is conditioned also upon the results of an employment entrance urine drug screen for which I submitted or will submit a specimen for testing. I realize that any positive result not caused by the presence of a legitimately prescribed prescription drug will cause my being refused employment or dismissed if the results of the test are received after my initial employment date.

Signature

Date

THIS FORM MUST BE USED ONLY IF ON A SHEET THAT IS SEPARATED FROM THE EMPLOYMENT APPLICATION BEFORE IT IS SEEN BY ANY PERSON OR PERSONS MAKING THE HIRING-DECISION.

It must be kept in a separate file and used for statistical purposes only.

APPLICANT DATA RECORD

As a government contractor we abide by the requirements of 41 CFR 60-300.S(a) and 60-741.S(a). These regulations prohibit discrimination against qualified individuals on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

As an employer taking affirmative action to ensure the removal of any possible discrimination and to help comply with governmental record-keeping requirements, we would appreciate your completing the form in this box. However, COMPLETION OF THIS BOX IS STRICTLY VOLUNTARY. This data will be kept in a confidential file, SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT.

NAME (Please Print) _____

Date:

Position Applied for: (list one, only) _____

- I am protected veteran, but I choose not to self-identify the classification to which I belong.
- I am NOT a protected veteran.

PERSONAL TRAITS:

Check One: Male Female

Check One: White (Not Hispanic or Latino)

- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Asian
- American Indian/Alaskan Native
- Two or More Races

Check If Applicable:

- Recently Separated Veteran
- Active Duty Wartime or Campaign Badge Veteran