

Employment Application

Choctaw Electric Cooperative places great emphasis on *safety, customer service, teamwork, problem solving, and innovation*. We look for people who exemplify these qualities and are willing to work hard for our membership. CEC is an equal opportunity employer.

Mission Statement

The purpose of Choctaw Electric Cooperative is to continuously improve customer service and satisfaction by providing its members with high quality electric and related services at fair and equitable rates.

Vision Statement

The Members of Choctaw Electric view the Cooperative as a stable organization characterized by high levels of Member trust and satisfaction, an effective and engaged Board of Trustees, and a dedicated and capable workforce.

Seven Cooperative Principles

1. Voluntary and Open Membership
2. Democratic Member Control
3. Members' Economic Participation
4. Autonomy and Independence
5. Education, Training, and Information
6. Cooperation Among Cooperatives
7. Concern for Community

Applicant Name _____

Today's Date _____



NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

Personal Information (Please Print Clearly)

Last Name	First Name	Middle Name
Street Address _____		
City _____	State _____	Zip Code _____
Previous address if less than 5 years at current address _____		
Home Phone _____	Work Phone _____	Cell Phone _____
Fax _____	E-Mail _____	

I understand that upon employment, proof of legal right to work in the United States and completion of I-9 form will be required.

Are you eligible to work for any United States employer at this time? Yes No

If you are under 18 years of age, do you have a work permit? Yes No

Have you ever been convicted of a felony? Yes No If yes explain _____

Can you travel if the position requires travel? Yes No

If you have ever worked under or earned degrees under another name, please list below:

Last Name	First Name	Middle Name
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Position Desired

Position Applied for _____

How did you learn of this vacancy? _____

Salary Desired (Annual) \$ _____ **Date Available** _____

Have you previously been employed by Choctaw Electric Coop or another electric cooperative? Yes No

If yes, indicate position, department, and dates: _____

Do you have any relatives affiliated with Choctaw Electric Coop? Yes No

If Yes, who and how related? _____

Choctaw Electric Cooperative is an equal opportunity employer and recruits, advertises, employs, promotes, transfers, disciplines, and discharges without regard to race, color, religion, national origin, age, gender, marital status, ancestry, physical or mental disability, or veteran status.

We look for people who exemplify what five qualities? _____

Education and Training

Indicate Last Level of Education Completed

High School 1 2 3 4 College or University 1 2 3 4 Graduate School 1 2 3 4

Type of Education	Name and Location (City, State, Country) phone #	GPA	Did you graduate?	Major and Minor	Degree Earned

Professional certifications and licenses (such as CPA, NASD series 6) _____

Computer skills (software programs, hardware, operating systems) _____

Other skills or experiences that are pertinent to the job applied for, including CDL and other relevant experience or training. _____

What is the purpose of Choctaw Electric Cooperative? _____

What are the seven cooperative principles?

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Employment History (Please Print Clearly)

MUST BE COMPLETED EVEN IF ATTACHING YOUR RESUME.

List your last three employers with the most recent first.

If you are currently employed, may we contact your employer? Yes No

Previous Employer			
Dates Employed:	From	To	
	Month/Year		Month/Year
Starting Salary		Ending Salary	
Phone Number		Supervisor's Name	
Address		Supervisor's Title	
		Your Job Title	
Your Duties			
Reason for leaving			

Previous Employer			
Dates Employed:	From	To	
	Month/Year		Month/Year
Starting Salary		Ending Salary	
Phone Number		Supervisor's Name	
Address		Supervisor's Title	
		Your Job Title	
Your Duties			
Reason for leaving			

Previous Employer			
Dates Employed:	From	To	
	Month/Year		Month/Year
Starting Salary		Ending Salary	
Phone Number		Supervisor's Name	
Address		Supervisor's Title	
		Your Job Title	
Your Duties			
Reason for leaving			

Professional References (Please list only references that we may contact at this time)

Name	Title	Company	Phone Number
			Home Work
			Home Work
			Home Work

Affidavit

Nonbinding Application and Interview Process: I understand that this application will be reviewed, but nothing in this application or any other documents or in the employment evaluation process shall be construed as either an offer or contract of employment or an obligation on the part of Choctaw Electric Cooperative to provide any benefit to me.

Employment-At-Will: I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Choctaw Electric Cooperative or myself.

I hereby declare that my statements on this application and on my resume or documents provided by me to Choctaw Electric Cooperative are true and correct to the best of my knowledge. I acknowledge and agree that providing any false information may result in a decision not to hire me, or if hired, may result in the termination of my employment. I also authorize investigation of these statements. This investigation may include employment history, reasons for leaving previous employers, criminal record, credit record, driving record, social security number investigation, and degree/certificate verification. I authorize the listed references and all of my previous employers to provide you with any and all applicable information they may have. I hereby release these references and previous employers from all liability for any information they may give you. I hereby release Choctaw Electric Cooperative from all liability for any damages resulting from the information obtained. This application shall be considered active for a period of time not to exceed 180 days.

APPLICANT'S SIGNATURE _____