

# Lamb County Electric Cooperative, Inc.

2415 South Phelps Ave

Littlefield TX 79339

Phone: (806)385-5191

Fax: (806)385-5197

[www.lcec.coop](http://www.lcec.coop)



**This application will be considered active for a period of ninety (90) days and thereafter it will be disposed of.** You may renew this application by filing a new form. We appreciate the time you spend in filling in this application form. All applicants should read the following notices very carefully. If you do not understand anything stated below, please contact the Manager of Administrative Services or Administrative Assistant for an explanation. By submitting your application, you will be deemed to have understood and agreed to the following:

**All questions must be answered truthfully:** This application form is intended for use in evaluating your qualifications for employment. You are required to give accurate and complete responses to the questions. Regardless of whether made in filling out this application or at any time in the hiring process, any false, misleading or incomplete statements or responses are grounds for rejection of your application or, if discovered after you have been hired, grounds for your immediate termination.

**Equal Employment Opportunity:** Lamb County Electric Cooperative (LCEC), in accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, gender, national origin, physical or mental handicap or veteran's status, disability, except where a reasonable, bona fide occupation qualification exists. The Cooperative also is required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ women, minorities, otherwise qualified handicapped individuals, and Vietnam era and disabled veterans. Offers of employment are conditioned on the applicant passing a pre-employment medical examination to determine if the applicant can perform the essential functions of their job, with or without reasonable accommodation.

**At-will status of all employees:** This application form is not an employment contract and neither is any other document you may be given in the hiring process or later, if you are hired. If you are hired, your employment at all times will be employment at-will, which means that either you or LCEC has the right to terminate your employment at any time, with or without cause, and with or without notice.

Nothing in this application, or in any prior or subsequent oral or written statements, is intended to create a contract for employment for any specified period.

**Drug testing:** Lamb County Electric Cooperative's policy requires testing for the presence of drugs and alcohol in your body prior to employment. Any applicant will be required to pass a pre-employment drug screen, and if hired, you will be subject to LCEC's drug and alcohol testing policy during employment. This policy provides that drug and alcohol testing may be done for reasonable cause, suspicion, on a random basis (CDL only), after any accident, or as determined by LCEC. As a condition of being considered for employment, you hereby agree and consent to be tested for drugs and alcohol. By accepting any offer of employment, you agree and consent to be tested for drugs and alcohol during your employment pursuant to LCEC's policy as a condition of employment.

# Application for Employment

Lamb County Electric Cooperative, Inc.  
2415 South Phelps Ave  
Littlefield, Texas 79339  
(806) 385-5191 - - Fax (806) 385-5197



Lamb County Electric Cooperative, Inc. dedicates itself to the improvement of its members' lifestyle and the economic environment of its service area.

The Cooperative is committed to providing safe, reliable electric service at the lowest practical cost and to meeting the changing needs of its membership with a well-trained, quality work force, and with the use of sound business practices.

**PLEASE PRINT**

## Basic Information

Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name/MI: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State and Zip Code)

Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Full-Time  Part-Time  (Check all that apply)

Date Available: \_\_\_\_\_ Are you currently employed? Yes  No

Are you over 18-years of age? Yes  No

What is your minimum salary requirement? \_\_\_\_\_

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

Can you, after employment, submit proof of U.S. Citizenship? Yes  No

Have you ever applied for a position with us? Yes  No

If "yes", when: \_\_\_\_\_

Have you ever been employed by us? Yes  No

If "yes", when: \_\_\_\_\_

Are you related by marriage, birth or otherwise to any manager, director or employee of Lamb County Electric Cooperative, Inc.?      Yes    No

If "yes", please tell us the name of your relative and relationship. \_\_\_\_\_  
\_\_\_\_\_

Do you have a valid driver's license?   Yes    No

Do you have a valid Commercial Driver's License (CDL)?      Yes    No

Can you travel if the position requires travel?      Yes    No

Have you ever been convicted of, or pleaded guilty or "no contest" to, any crime (other than a minor traffic violation) and/or received deferred adjudication?   Yes    No

(An affirmative response will not automatically disqualify you from being considered for employment.)  
If "yes", please explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been dismissed or forced to resign from any employment?      Yes    No   
(An affirmative response will not automatically disqualify you from being considered for employment.)

Are you subject to any restrictions which could prevent you from accepting a job with LCEC, such as a noncompetition or nonsolicitation agreement with your previous employer?

Do you require any accommodation to perform the essential functions of the job you are applying for?  
Yes    No

If "yes", please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any languages (other than English) you:

Speak Fluently \_\_\_\_\_  
Read Fluently \_\_\_\_\_  
Write Fluently \_\_\_\_\_

May we contact your employer?      Yes    No

## Military Service

|  |   |  |
|--|---|--|
| Were you in the U.S. Armed Forces?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Dates of duty:<br>From ____/____/____ To ____/____/____<br>Rank at Separation: _____<br>_____ | Branch: _____<br>Briefly describe your duties:<br>_____<br>_____ |
|--|---|--|

**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and individuals with physical or mental handicaps:**

Electric Cooperatives are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, which requires that we take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires this Cooperative to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. **This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.**

**If you wish to be identified, please sign below.**

Handicapped Individual

Disabled Veteran

Vietnam Era Veteran

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Employment History

Please give a complete record of your employment, including period of unemployment, if any. Begin with your most recent employment and work back in time. You may attach supplementary sheet if additional space is needed.

**Please complete this section even if your resume is attached.**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References

Include only individuals familiar with your work ability. DO NOT INCLUDE RELATIVES. You may include LCEC employees, but you must have at least one reference that is not affiliated with LCEC.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Time Known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Time Known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Time Known: \_\_\_\_\_

## Education and Training History

| Schools Attended   | Name, City, State | Degree Major/<br>Course Study | Number of<br>Years<br>Completed | Diploma/<br>Degree |
|--------------------|-------------------|-------------------------------|---------------------------------|--------------------|
| High School        |                   |                               |                                 |                    |
| Business School    |                   |                               |                                 |                    |
| College/University |                   |                               |                                 |                    |
| Graduate School    |                   |                               |                                 |                    |
| Trade School       |                   |                               |                                 |                    |
| Training           |                   |                               |                                 |                    |

List any other education, training, special skills or certificates/licenses that you have related to this job:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Trades, Crafts and Technical Applicants ONLY**

Place a one (1) in the square for knowledge and a two (2) for experience.

|   |                                    |  |
|---|------------------------------------|--|
| Warehousing                                       | Electrical Tools                   |  |
| Computer Inventory Methods                        | Electrical Safety                  |  |
| Lay Out Work Orders                               | Radio Communication & Operation    |  |
| Prepare Work Orders                               | Pole Inspection                    |  |
| Basic Electricity                                 | Load Management System (SCADA)     |  |
| Tree Trimming                                     | Automatic Meter Reading (AMR)      |  |
| Brush Clearing                                    | Collecting Consumer Accounts       |  |
| Machinery Used for Clearing Brush                 | Handling Consumer Concerns         |  |
| Material Control                                  | Connecting & Disconnecting Meters  |  |
| Perpetual Inventory                               | Electronic Mapping Systems         |  |
| Automotive Maintenance                            | Load Switching                     |  |
| Electric and Gas Welding                          | Substation Construction            |  |
| Regulators, Capacitors, Breakers, & Switches      | Line Construction                  |  |
| Underground Experience (Primary and/or Secondary) | Transformer Banks                  |  |
|   | Hotline Work, Primary, & Secondary |  |

Please describe your interest in Lamb County Electric Cooperative and the skills and aptitudes that you feel qualify you for the position in which you are applying. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Experience and Qualifications - Driver

Do you have more than one driver's licenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please complete the following:

| State | License No. | Type | Expiration Date |
|-------|-------------|------|-----------------|
|       |             |      |                 |
|       |             |      |                 |
|       |             |      |                 |

Do you have experience with any of the following? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please complete the following:

| Class of Equipment     | Type of Equipment<br>(Van, Tank, Flat, Etc.) | Date From | Dates To | Approx. No. of<br>Miles (Total) |
|------------------------|--|-----------|----------|---------------------------------|
| Straight Truck         |  |           |          |                                 |
| Tractor & Semi-Trailer |  |           |          |                                 |
| Tractor-Two Trailers   |  |           |          |                                 |
| Other                  |  |           |          |                                 |

Have you ever been involved in an auto accident? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please complete the following:

| Dates                | Nature of Accident<br>(HEADED-ON, REAR-END, UPSET, ETC.) | Fatalities | Injuries |
|----------------------|--|------------|----------|
| Most Recent Accident |  |            |          |
| Next Previous        |  |            |          |
| Next Previous        |  |            |          |

Traffic convictions and forfeitures for the past 3-years (other than parking violations).

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

## Authorization

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

I understand that I will be required to pass a pre-employment drug screen, and if hired, I will be subject to LCEC's drug and alcohol testing policy during my employment. I understand that I will be required to authorize LCEC and/or its agent to obtain a criminal background report in order to be considered for hire.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute a contract for employment for any specified period. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization and Release to Obtain Information

Under the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit **Lamb County Electric Cooperative, Inc.** to obtain a consumer report and/or an investigative consumer report which may include the following: my employment records, driving history records, criminal history, credit history, civil record, workers' compensation (post-offer only), drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as iiX from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I understand a copy of this report may be obtained from iiX located at 3011 Earl Rudder Fwy. S., College Station, TX 77845-6021. Their telephone number is (866) 560-7015 and fax number is (201) 748-1449.

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I hereby authorize iiX to obtain and prepare a consumer report as set forth above, as part of its investigation of my employment application on behalf of my employer. I agree that a copy of this authorization has the same effect as an original. This authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

\_\_\_\_\_  
Applicant's Full Name (Please print clearly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date