

Application For Employment

Prince George Electric Cooperative
7103 General Mahone Hwy.
P.O. Box 168
Waverly, Virginia 23890
Phone (804) 834-2424

Revised 6/2007

It is the policy and practice of Prince George Electric Cooperative to recruit, hire and promote qualified applicants without regard to their race, color, religion, sex, age, national origin, disability or other areas covered by Federal, State or local fair employment laws and regulations. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

(Please Print)

Position Applied For: _____			
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s) (H) _____ (W) _____			Social Security Number xxx-xx-_____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with PGEC before? Yes No
 If Yes, give dates _____

Are you related by blood or marriage to any employee or Director of PGEC? Yes No
 If yes, explain _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available to work? ____/____/____

Do you have a valid Drivers License? Yes No Classification _____ State _____ License # _____

Are you available to work: _____ 40 Hours per week plus overtime when necessary
 _____ Part Time
 _____ Temporary
 _____ Shift Work

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you ever been convicted of a felony? Yes No

If Yes, please give date and explain _____

Education

	School Name and Address	Course of Study	Years Completed	Diploma Degree
Elementary				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

Production/Mobile
Machinery (list):

Other (list):

<input type="checkbox"/> Two-way Radio	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/>
<input type="checkbox"/> Personal Computer	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/>
<input type="checkbox"/> Calculator	<input type="checkbox"/> Microsoft Access	<input type="checkbox"/>
<input type="checkbox"/> Typewriter		<input type="checkbox"/>

State any additional information you feel may be helpful in considering your application.

Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is available upon request. Yes No

References (please list two who are familiar with your work skills and performance)

1.	<input type="text"/>	<input type="text"/>
	Name	Home Phone
	<input type="text"/>	<input type="text"/>
	Address	Work Phone
2.	<input type="text"/>	<input type="text"/>
	Name	Home Phone
	<input type="text"/>	<input type="text"/>
	Address	Work Phone
3.	<input type="text"/>	<input type="text"/>
	Name	Home Phone
	<input type="text"/>	<input type="text"/>
	Address	Work Number

Please give accurate, complete full-time and part-time employment record. Start with your present employer or most recent employer. Add additional sheet if necessary.

Employment

Company Name	Telephone
Address	Employed – (Month & Year) From To
Name of Supervisor Work Phone #	Wages Per
State Job Title and Describe Your Work	Reason For Leaving

Company Name	Telephone
Address	Employed – (Month & Year) From To
Name of Supervisor Work Phone #	Wages Per
State Job Title and Describe Your Work	Reason For Leaving

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Company Name	Telephone
Address	Employed – (Month & Year) From To
Name of Supervisor Work Phone #	Wages Per
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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, will be considered grounds for immediate dismissal.

In consideration of my employment, I agree to conform to the rules and regulations of Prince George Electric Cooperative, and my employment and compensation is "at will" in that employment can be terminated with or without cause, and with or without notice, at any time, at the option of either Prince George Electric Cooperative or myself, except as otherwise provided by law. I understand that no manager or representative of Prince George Electric Cooperative, other than the Chief Executive Officer of Prince George Electric Cooperative, has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by the Chief Executive Officer of Prince George Electric Cooperative.

Signature of Applicant

Date