

# Application for Employment

Ouachita Electric Cooperative Corporation ("OECC") is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, gender, national origin, age, marital or veteran status, medical condition, disability, or any other legally-protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resources Department.

Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.** Verification of eligibility to work in the U.S. will be required if an employment offer is made.

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Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street Apt. # City State Zip Code*

Telephone \_\_\_\_\_ Current Driver's License (if applicable) \_\_\_\_ Yes \_\_\_\_ No

Email Address \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Have you applied here before? \_\_\_\_ Yes \_\_\_\_ No If yes, give date: \_\_\_\_\_

Are you employed now? \_\_\_\_ Yes \_\_\_\_ No On what date are you available for work? \_\_\_\_\_

Are you available to work \_\_\_\_ Full-time \_\_\_\_ Part-time \_\_\_\_ Shift work \_\_\_\_ Temporary

What languages do you speak fluently (if applicable)? List: \_\_\_\_\_

Are you 18 or older? \_\_\_\_ Yes \_\_\_\_ No

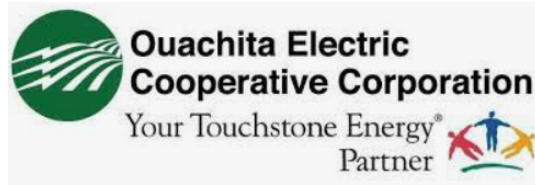
Have you been convicted of or plead guilty to a felony in the past 10 years, or misdemeanor involving theft or violence in the last 5 years? (Information regarding conviction records will not necessarily bar an applicant from employment; individual circumstances will be considered relative to the job sought). \_\_\_\_ Yes \_\_\_\_ No

If yes, please complete the following:

Conviction: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Result or outcome: \_\_\_\_\_

<b>OUACHITA ELECTRIC COOPERATIVE CORPORATION IS AN EQUAL OPPORTUNITY EMPLOYER</b>
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E D U C A T I O N			
	High School	Trade Schools	College/University
School Name			
Diploma/Degree			
Certificate Received			
Describe Course of Study			

E M P L O Y M E N T   E X P E R I E N C E
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List your past four (4) employers including military and voluntary service assignments. **Start with your present or most recent job.** Attach an additional sheet if necessary.

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May we Contact: Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

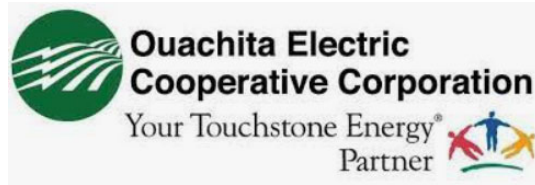
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May we Contact: Yes \_\_\_\_\_ No \_\_\_\_\_



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Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: *From* \_\_\_\_\_ *To* \_\_\_\_\_

Salary: *Starting* \_\_\_\_\_ *Final* \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May we Contact: Yes \_\_\_\_\_ No \_\_\_\_\_

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Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: *From* \_\_\_\_\_ *To* \_\_\_\_\_

Salary: *Starting* \_\_\_\_\_ *Final* \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May we Contact: Yes \_\_\_\_\_ No \_\_\_\_\_

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Please summarize your job-related skills or specialized training:

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Please list other job-related special accomplishments, projects, awards.

(Exclude information that would reveal race, color, religion, gender, national origin, age, marital or veteran status, medical condition, disability, or any other legally-protected status.):

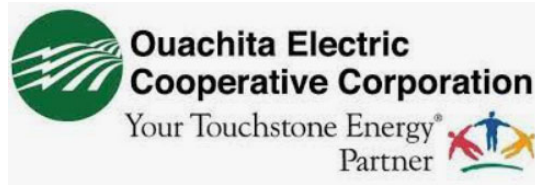
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<b>REFERENCES</b>
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Give the name and telephone number of three (3) business/work references who are not related to you. List at least one of your previous supervisors.

<i>Name</i>	<i>Occupation</i>	<i>Company</i>	<i>Phone Number(s)</i>
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<i>Name</i>	<i>Occupation</i>	<i>Company</i>	<i>Phone Number(s)</i>
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<i>Name</i>	<i>Occupation</i>	<i>Company</i>	<i>Phone Number(s)</i>
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List any additional information you would like us to consider.

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Are you a close relative to any Ouachita Electric Cooperative Corporation employees or board of directors?

For this purpose, the term "close relative" shall be defined as a spouse, or an unmarried partner with whom one co-habits or dates, father, mother, grandfather, grandmother, child, grandchild, brother, sister, aunt, uncle, nephew, niece, and first cousin, whether in blood or by law, including step--, foster--, half--, adoptive, and in-law kin. All relatives of unmarried partners with whom a director or employee co-habits or dates shall be subject to the same restrictions as the relatives of a legal spouse. For this purpose, "co-habits" is defined herein to mean either living together in the same residence on a full time or part time basis or having sexual relations with each other.

\_\_\_\_\_ yes

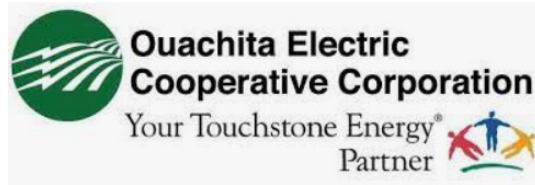
\_\_\_\_\_ no

If yes, list name and relationship below:

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## ACKNOWLEDGEMENT

I understand that OECC is making no employment offer at this time. I certify that the information in this application is true, accurate and correct to the best of my knowledge. I understand that any misrepresentation or omission of any information in my Application, resume, or any other materials, or during interviews, is grounds for disqualification from further consideration for employment or for termination if employed.

A Company-paid drug test and/or physical examination may be required. I understand that any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered for which no reasonable accommodation can be made.

I understand that this Application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from OECC and still wish to be considered for employment, it will be necessary to fill out a new Application.

I understand that if I am hired, my employment at OECC is "at-will" and may be terminated by myself or by OECC at any time, with or without cause or notice. I understand that no representative of OECC has the authority to make any assurance to the contrary.

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Signature of Applicant

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Date