



P.O. Box 247
 Lovingsston, VA 22949
 (434) 263-8336

APPLICATION FOR EMPLOYMENT

Central Virginia Electric Cooperative considers applicants for all positions without regard to race, color, gender, national origin, age, marital or veteran status, the presence of a non job related medical condition or disability, or any other legally protected status.

(Please Print)

Position(s) Applied For:		Date of Application:
How did you learn about Central Virginia Electric Cooperative?		
Advertisement <input type="checkbox"/>	Friend <input type="checkbox"/>	Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other <input type="checkbox"/>
List Relatives who are employed at CVEC, if any:		
Name: _____		Position: _____
Name: _____		Position: _____
Last Name	First Name	Middle Name
Address # Street	City	State Zip Code
Telephone Number Home () - Work () -		

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before? If yes, please provide date?

Yes Date No

Have you been employed with us before? If yes, please provide date?

Yes Date No

Are you currently employed?

Yes No

May we contact your current employer?

Yes No

On what date would you be available to work?

Date

Are you available to work:

Full time Part time Temporary

Are you currently on "layoff" status and subject to recall?

Yes No

Have you been convicted of a felony within the last 10 years?

Yes No

(Conviction will not necessarily disqualify an applicant from employment.)

We Are An Equal Opportunity Employer

EDUCATION

School Name
& Location
Circle highest grade completed
in each category.
Diploma / Degree

G.E.D. <input type="checkbox"/>				Undergraduate College / University				Graduate / Professional			
9	10	11	12	1	2	3	4	1	2	3	4

ACTIVITIES

List professional, trade, business or civic activities and offices held.
(You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

REFERENCES

Please provide the name, address and telephone number of three references who know you personally and preferably evaluated your work and would be willing to give you a reference.

Name	Address	Daytime Telephone

MILITARY

Have you ever had any job related training in the United States military?

Yes

No

If yes, please describe.

SPECIAL SKILLS

Please summarize special job related skills and qualifications which could help us in making a hiring decision.

EMPLOYMENT EXPERIENCE

Please begin with present or most recent job.

Note: If additional space is required, please attach sheet.

Employer		Work Performed _____		
Address		_____		
Job Title / Position		_____		
Dates Employed		Hourly Rate / Salary		Telephone Number(s)
From	To	Starting \$	Final \$	
Reason for Leaving		Supervisor		

Employer		Work Performed _____		
Address		_____		
Job Title / Position		_____		
Dates Employed		Hourly Rate / Salary		Telephone Number(s)
From	To	Starting \$	Final \$	
Reason for Leaving		Supervisor		

Employer		Work Performed _____		
Address		_____		
Job Title / Position		_____		
Dates Employed		Hourly Rate / Salary		Telephone Number(s)
From	To	Starting \$	Final \$	
Reason for Leaving		Supervisor		

SPECIALIZED SKILLS

Please check skills / equipment operated.

Data Entry Fax Calculator Other: _____
Typewriter PC Switchboard _____

Production / Mobile Machinery (Please List)	Spreadsheet Applications _____
_____	Word Processing Programs _____
_____	Specify other software: _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

I understand that CVEC has a pre-employment physical and drug screening policy and that employment offers will be contingent upon the successful results of a pre-employment medical examination and drug screening. In addition, I understand that employment offers will be contingent on the successful completion of a background criminal investigation.

This application for employment shall be considered active for a period of time not to exceed 180 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 the time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Arrange Interview?

Yes

No

Remarks: _____

Employed?

Yes

No

Date

Job Title	
Division/Department	
Hourly Rate/Salary	

By _____

Name and Title

Date



VOLUNTARY SELF IDENTIFICATION

Central Virginia Electric Cooperative, (CVEC), is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, CVEC invites employees to voluntarily self-identify their gender and race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name: _____ Date: _____

Position Applied for: _____

I do not wish to furnish this information: _____

GENDER: _____ **Male** _____ **Female**

RACE/ETHNICITY: Please respond to the following questions:

1. Are you **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)? Yes___ No___

If you checked "Yes" to Question 1, please do not proceed further. If you checked "No," please proceed to Question 2.

2. Do you identify with **Two or More Races (Not Hispanic or Latino)** as defined below? Yes___ No___?

If you checked "Yes" to Question 2, please do not proceed further. If you checked "No," please proceed to Question 3.

3. Please select one of the following race designations as defined below.

_____ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.