KARNES ELECTRIC COOPERATIVE, INC.
A Touchstone Energy® Cooperative

# Application For Employment

Reset Form

**Position Applied for:** _____

**WE CONSIDER APPLICATIONS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, SEXUAL ORIENTATION, CITIZENSHIP STATUS, GENECTIC INFORMATION OR ANY OTHER LEGALLY PROTECTED STATUS.**

## SECTION 1: APPLICANT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

How did you learn about us? ☐ Advertisement ☐ Website ☐ Friend ☐ Social Media ☐ Other: _____

Date available for work: _____ Hourly Rate/Salary Desired: _____

Are you currently employed? _____ If yes, may we contact your present employer? ◯ Yes ◯ No

Have you ever been employed with us before? ◯ Yes ◯ No If yes, give date: _____

Do you have any relatives who work for the Company? ◯ Yes ◯ No If yes, please list their name: _____

Have you ever been convicted of a felony? ◯ Yes ◯ No

## SECTION 2: EDUCATION

| Education | Name and Location of School | Degree Received | Subjects Studied / Major |
|---|---|---|---|
| High School | | | |
| College or University | | | |
| Trade, Business or Correspondence School | | | |

**ADDITIONAL INFORMATION**

| State any information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military. |
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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

**SECTION 3: EMPLOYMENT EXPERIENCE**

**EMPLOYMENT HISTORY** Start with your present or last job. Include any job related military service assignments and volunteer activities. *Incomplete information could disqualify you from further consideration.*

| From: | To: | Employer: | Telephone: |
|---|---|---|---|
| Job Title: | | Address: | |
| Immediate Supervisor and Title: | | Summarize the nature of work performed and job responsibilities: | |
| Reason for Leaving: | | | |

| From: | To: | Employer: | Telephone: |
|---|---|---|---|
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|---|---|---|---|
| Job Title: | | Address: | |
| Immediate Supervisor and Title: | | Summarize the nature of work performed and job responsibilities: | |
| Reason for Leaving: | | | |

## REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

| Name | Email | Phone | Years Acquainted |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**I certify that answers given herein are true and complete. 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 appliations are being accepted at that 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 Employee at any time with or without cause. In the event of employment, I understand that false or misleading information given in 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:** _____