

Application for Employment

Rio Grande Electric Cooperative, Inc.

P.O. Box 1509

Brackettville, TX 78832

(830)563-2444

FAX (830)563-6196

All applicants should read the following notices very carefully. If you do not understand anything stated below, ask the Human Resources Department 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: Rio Grande Electric Cooperative, Inc. (RGEC) is an equal employment opportunity employer. All employment decisions, including consideration for hire, will be made without any unlawful discrimination based on gender, age, national origin, race, religion, creed, disability or other unlawful factors.

Offers of employment are conditioned on you passing the following:

- ✓ **Criminal Background:** Criminal convictions will not necessarily bar your employment. The circumstances, including the nature of the crime, the position you are seeking and the date of the offense will be assessed.
- ✓ **Driving Record:** Must be insurable with RGEC's vehicle insurance carrier. You may not have more than three (3) moving violations within the past 3 years and no DUI/DWI.
- ✓ **Drug Testing:** RGEC's policy requires testing for the presence of drugs and alcohol in your body prior to employment. If you are hired, you will be subjected to drug and alcohol testing pursuant to Board Policy.
- ✓ **Medical Examination:** A post-offer medical examination will determine if you can perform the essential functions of your 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 RGEC has the right to terminate your employment at any time, with or without cause, and with or without notice.

Drug testing: Pursuant to RGEC's Board Policy, all employees will be subjected to drug and alcohol testing. This drug and alcohol testing may be done for employment purposes, reasonable cause, on a random basis, after any accident, or as determined by RGEC. As a condition of being considered for employment, and after being hired, you hereby agree and consent to be tested for drugs and alcohol. By accepting any offer of employment, and any continued employment, you agree and consent to being tested for drugs and alcohol pursuant to RGEC Policy.

APPLICANT: PLEASE FILL OUT THIS APPLICATION IN INK, DO NOT USE PENCIL, DO NOT TYPE AND DO NOT INCLUDE A RESUME.

Basic Information:

Position Applied For: _____ Date Available: _____

Name: _____ SSN (Optional): _____ - _____ - _____

Address: _____
Mailing Address City State Zip Code

Daytime Phone: _____ Cell Phone: _____

Email Address: _____

How did you hear about this position? _____

Are you presently authorized to work in the United States on a full-time basis? Yes _____ No _____

Current Driver's License? Yes _____ No _____

Please list any education or training you believe should be considered in determining your qualifications:

| | SCHOOL | MAJOR COURSE/SUBJECT | CIRCLE LAST YEAR COMPLETED | DEGREE |
|-----------------------|--------|----------------------|----------------------------|--------|
| HIGH SCHOOL | | N/A | 1 2 3 4 | N/A |
| BUSINESS/TRADE SCHOOL | | | 1 2 3 4 | |
| COLLEGE | | | 1 2 3 4 | |
| TRAINING | | | | |
| TRAINING | | | | |

Other than English, indicate any languages you can speak, read and/or write:

| | FLUENT | GOOD | FAIR |
|-------|--------|------|------|
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

Use the space below to describe your interest in RGEC and the skills/aptitudes you feel qualify you for the position in which you are applying.

Work History:

Start with your present or most recent job. Attach a separate sheet of paper with additional information if necessary. All past employers will be contacted for employment verification.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES _____ NO _____

| |
|--|
| 1) Company: _____ Phone: _____ Address: _____ Dates Employed: To _____ From _____ Supervisor: _____ Salary: Starting _____ Leaving _____ Title and Duties: _____ _____ _____ Reason for Leaving: _____ |
| 2) Company: _____ Phone: _____ Address: _____ Dates Employed: To _____ From _____ Supervisor: _____ Salary: Starting _____ Leaving _____ Title and Duties: _____ _____ _____ Reason for Leaving: _____ |
| 3) Company: _____ Phone: _____ Address: _____ Dates Employed: To _____ From _____ Supervisor: _____ Salary: Starting _____ Leaving _____ Title and Duties: _____ _____ _____ Reason for Leaving: _____ |
| 4) Company: _____ Phone: _____ Address: _____ Dates Employed: To _____ From _____ Supervisor: _____ Salary: Starting _____ Leaving _____ Title and Duties: _____ _____ _____ Reason for Leaving: _____ |

References:

Please list the names, addresses and telephone numbers of two **personal** references. Please **do not** include relatives, former employers or current employees of RGEC.

| | |
|----------------|----------------|
| 1) Name: _____ | 2) Name: _____ |
| Address: _____ | Address: _____ |
| Address: _____ | Address: _____ |
| Phone: _____ | Phone: _____ |

| GENERAL | |
|---|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you been given a job description/specification or have the essential functions of the job explained to you? | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you understand these essential functions? | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Can you perform the essential functions of the job with or without reasonable accommodation? | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you related by marriage, birth or otherwise, to any manager, director or employee of Rio Grande Electric Cooperative, Inc.? | |
| If yes, please tell us the name of your relative and the relationship. | |
| _____ | _____ |
| Name | Relationship |
| _____ | _____ |
| Name | Relationship |
| _____ | _____ |
| Name | Relationship |
| I hereby acknowledge that I have read and understand the above questions. | |
| _____ | _____ |
| Applicant's Signature | Date |

| CERTIFICATION AND RELEASE | |
|---|-------|
| <p>I hereby waive any and all claims relating to or arising out of RGEC's efforts and activities to verify any information I have provided to it during the processing of my application, RGEC's receipt or review of said information, and/or RGEC's reliance on such information, and I also discharge and release RGEC from any and all of the foregoing claims.</p> <p>I hereby acknowledge that I have read the above statement and understand the same.</p> | |
| _____ | _____ |
| Applicant's Signature | Date |

EEO FORM

COMPLETION OF THIS FORM IS VOLUNTARY

Rio Grande Electric Cooperative, Inc. is committed to the principles of equal employment opportunity. All employment decisions are based on individual qualifications and/or legitimate business considerations, without regard to race, color, religion, national origin, sex (including pregnancy), age (40 and over), disability, genetic information, veteran status, or any other status protected by law. Rio Grande Electric Cooperative, Inc. is required by the federal government to obtain the gender and race/ethnicity of employees. The information will be used for the purposes of compliance with governmental requirements. This information will not be used in hiring, placement or any other decision relating to terms and conditions of employment. Refusal to provide this information will not result in any adverse action.

PERSONAL INFORMATION - PLEASE PRINT

NAME: _____

DATE: _____

POSITION APPLYING FOR: _____

GENDER: MALE _____ FEMALE _____

While race/ethnicity designations as used by the federal government do not denote scientific definitions of anthropologic origins, the following designations are used for government record keeping purposes.

PLEASE CHECK ONLY ONE

- Hispanic or Latino** – All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
- White or Caucasian** (Not Hispanic or Latino) – All persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- Asian** (Not Hispanic or Latino) – All persons 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.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) – All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Black or African-American** (Not Hispanic or Latino) – All persons having origins in any of the Black racial groups of Africa.
- American Indian or Alaskan Native** (Not Hispanic or Latino) – Persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or more races** – All persons who identify with more than one of the above six races.

Invitation to Self-Identify (Post Offer/Pre-Employment): As per the following guidelines, do you wish to Self-Identify? _____ Yes _____ No
Initial Initial

The Cooperative, in compliance with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, and its implementing regulations, will not discriminate based on an individual's status as a qualified Covered Veteran A qualified Covered Veteran is any of the following: (i) Disabled Veteran; (ii) Qualified Disabled Veteran; (iii) Other Protected Veteran; (iv) Recently Separated Veteran; (v) Armed Forces Service Medal Veteran. The Cooperative shall take affirmative action to employ and advance in employment qualified Covered Veterans at all levels of employment.

If you are a Covered Veteran, we would like to include you under our affirmative action program ("AAP"). In this regard, if you believe this law covers you and you wish to be treated accordingly, please identify yourself in confidence to the Affirmative Action Administrator Patricia Taylor, who administers the AAP. You may identify yourself now or at any time in the future. Provision of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information provided regarding disability will be kept confidential and will be used only in accordance with federal regulations.

If you are a Qualified Disabled Veteran, it would assist the Cooperative if you could tell us about (i) any special methods, skills and procedures which qualify you for positions that you might otherwise not be able to do because of your disability so that you will be considered for any positions of that kind, and (ii) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other reasonable accommodations.

Invitation to Self Identify (Post Offer/Pre-Employment): As per the following guidelines, do you wish to Self-Identify? _____ Yes _____ No
Initial Initial

The Cooperative, in compliance with Section 503 of the Rehabilitation Act of 1973, as amended, and its implementing regulations will not discriminate because of physical or mental disability in regard to any position for which an employee or applicant for employment is qualified. The Cooperative shall take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment.

If you have a disability, we would like to include you under our affirmative action program ("AAP"). In this regard, if you believe this law covers you and you wish to be treated accordingly, please identify yourself in confidence to the Affirmative Action Administrator Patricia Taylor, Director of Human Resources, who administers the AAP. You may identify yourself now or at any time in the future. This information will assist us in placing you in an appropriate position and in making accommodations for your disability. Provision of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information provided will be kept confidential and will be used only in accordance with federal regulations.

If you are an individual with a disability, it would assist us if you tell us about (i) any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and (ii) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other reasonable accommodations.