

Orange County Rural Electric Membership Cooperative

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Employment Application

Notice to Any Person Seeking Employment With Orange County REMC

- Those applicants requiring reasonable accommodations to the applications and/or interview process should notify a representative of Orange County REMC.
- Unsolicited applications and resumes are kept on file for 12 months.

EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of Orange County REMC to be an Equal Opportunity Employer. The Cooperative affords employment to those qualified persons without regard to race, color, religion, age, sex, national origin, sexual orientation, creed, disability, marital status or status with regard to public assistance.

NOTICE TO HANDICAPPED/DISABLED APPLICANTS

Orange County REMC will not discriminate against any applicant for employment because of physical or mental disability in regard to any position for which an applicant is qualified.

NOTICE TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA

It is the Cooperative's policy to provide employment and advance in employment qualified disabled veterans and veterans of the Vietnam Era at all levels and segments of the organization. The Cooperative adheres to and is subject to 38 USC 4212 of the Vietnam Era Veterans Readjustment Act of 1974.

EMPLOYMENT OF RELATIVES

In order to control potential conflict of interest, the Cooperative will not hire close relatives of current members of the Board of Directors, the General Manager or the supervisor for which a position is open. A close relative is defined as parent (including step or in-law), child (including step), brother or sister (including step, in-law, or half), grandparent or grandchild.

PRE-EMPLOYMENT EXAMINATIONS

To ensure the continued health and safety of all employees and members of Orange County REMC, all applicants who have been given an offer for employment must complete a physical examination and test for illegal drugs. Employment is contingent upon satisfactory completion of a physical examination and a negative drug test. The examination and testing are conducted by an Orange County REMC designated physician at no cost to the applicant. The physical examination will ensure the applicant can perform the essential physical requirements of the position.

EMPLOYMENT ELIGIBILITY

Within three (3) days of starting employment with Orange County REMC an employee must complete an Eligibility of Employment Form (Form I-9). The purpose of the form is to ensure all employees are eligible to work in the United States.

Position applied for _____	Date of application _____
Name _____	
LAST	FIRST
	MIDDLE

Personal

Name _____
LAST FIRST MIDDLE

Address _____ Social Security # _____
STREET

_____ E-mail: _____
CITY STATE ZIP CODE

Telephone # (_____) _____ Mobile/ (_____) _____

If necessary, best time to call you at home is _____ AM PM

May we contact you at work? Yes No

If yes, work number and best time to call (_____) _____ AM PM

Are you over 18 years of age? Yes No

List positions previously applied for _____ None

Are you legally eligible for employment in this country? Yes No

Have you ever been convicted of a crime? Yes No

Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.

If yes, please provide date(s) and details _____

Work Preference

Date available for work _____

Type of employment desired Full-time Part-time Temporary Seasonal

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime (more than 40 hours in a week)? Yes No

Education

High School City/State	Circle grade completed				Did you graduate?	
	1	2	3	4	Yes	No
College/Technical School/Other City/State	# of Years		Course of Study		Degree, diploma, certificate and honors received	
Other job-related educational institutions, licenses, certifications, etc						

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheet if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE #	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATES/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATES/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE #	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATES/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATES/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE #	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATES/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE #	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
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		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATES/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying for.

References

List name and telephone number of three business/work references that are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

Applicant Statement

I certify that all the information I have provided in order to apply for and secure employment with Orange County REMC is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from Orange County REMC, when it is discovered.

I understand I am required to submit to a post-offer, pre-hire physical examination in order for Orange County REMC to determine my physical ability to perform the job.

I understand my employment is contingent upon the results of a drug screen for illegal drugs. A confirmed positive screen will result in my disqualification from employment.

I authorize and consent to my references, employers and/or employer representatives, public agencies, licensing authorities, and educational institutions and persons or organizations named in this application and/or accompanying resume to release any information to Orange County REMC that may be required to make an employment decision.

I understand this application remains current for 12 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

I understand my employment is not guaranteed for any term, and my employment may be terminated by Orange County REMC or myself at any time and for any reason. No manager, supervisor or representative of Orange County REMC is authorized to make an oral or written assurance or promise of continued employment.

Do not sign until you have read the above APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____