



APPLICATION FOR EMPLOYMENT

Medina Electric Cooperative has offices located in the following cities:

General Office: Hondo

District Offices: Hondo, Dilley, Rio Grande City, Uvalde, and Bruni

We welcome you as an applicant. Your application will be given equal consideration in competition with others for positions available with the Cooperative. **If you meet the requirements for this position, you may be contacted regarding a date for testing and interviewing.** Medina EC accepts applications only for open positions. We will keep your application on file for one year. You may use this application for other job openings within this time limit by calling Employee Services and requesting your application to be considered for another opening in which you are interested. Please read additional information relating to this position within this application and the job description.

NOTE: APPLICATION MUST BE MAILED TO THE ADDRESS LISTED IN JOB POSTING.

PRINT IN INK OR TYPE. You must **complete the entire application even if you have submitted a resume.** If questions are not applicable, enter "NA". Be sure to sign the application when it is completed. Medina EC will consider applicants for all positions without regard to race, color, sex, national origin, religion, age, marital, veteran, disability or any other status protected by law. Applicants may request any accommodation needed to participate in the application process.

There is a residency requirement of 30 minutes for most positions.

Position you are applying for	Date of this Application
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GENERAL APPLICANT DATA

First Name		Last Name		MI
Home Phone	Cell or Other Phone		Email address (used for test/interview date & time confirmation only)	
Address			City, State, Zip	

YES	NO	(circle one)	Do you have a valid driver's license? If no, explain
YES	NO	(circle one)	Do you have a Class A CDL license?
YES	NO	(circle one)	Are you 18 or more years of age?
YES	NO	(circle one)	Are you legally able to be employed in the United States?
YES	NO	(circle one)	Have you previously worked for Medina EC? Date: From _____ To _____
YES	NO	(circle one)	Are you able to work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

YES NO (circle one)	Are you able to work overtime if requested?
YES NO (circle one)	Are you currently employed?
YES NO (circle one)	May we contact your employer?
YES NO (circle one)	Did you review the job description for which you are applying?
YES NO (circle one)	Are you able, with or without reasonable accommodation, to perform the listed essential functions of the job?
YES NO (circle one)	Have you ever been convicted of a felony or subjected to a deferred adjudication? If so, what date(s) and what crime?
YES NO (circle one)	Are you related by marriage or in any other way, to any Medina EC employee or board of director? If so, state name of employee/director and relationship to you:
YES NO (circle one)	Have you ever been fired from a job or asked to resign? Please explain:

MILITARY SERVICE

YES NO (circle one)	Are you a veteran of the U.S. Military Service? If yes, which branch
From _____ To _____ Present military affiliation: (Month/Yr) (Month/Yr) <input type="checkbox"/> None <input type="checkbox"/> Reserves (active) <input type="checkbox"/> Reserves (inactive)	

EDUCATION (Indicate all schools that you have attended)

	High School	Vocational /Technical	College	Graduate School
School Name				
City, State				
Last year completed (circle one)	9 10 11 12	13 14	13 14 15 16	17 18 19 20
Was a diploma or degree earned?	YES NO (circle one) <input type="checkbox"/> Diploma <input type="checkbox"/> GED (check one)	YES NO (circle one) <input type="checkbox"/> Associate <input type="checkbox"/> Technical <input type="checkbox"/> Other _____ (check one)	YES NO (circle one) <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Other _____ (check one)	YES NO (circle one) <input type="checkbox"/> Masters <input type="checkbox"/> Other _____ (check one)
If you did not graduate, how many hours of instruction did you complete?				
What was your major course of study?				
Other post high school courses completed				

SPECIAL SKILLS OR ABILITIES

YES NO (circle one) Can you type?

List any type of computer programs which you have experience:

List any other skills or abilities you have that pertain to the position you are applying for:

OUTSIDE ACTIVITIES

Professional memberships, certificates received, or licenses received

Past and present civic activities – include offices held

Principle hobbies

REFERENCES

List three non-related references.

Name	Title/relationship	Address (street, city, state, zip)	Area code & Phone number	Occupation

EMPLOYMENT RECORD

1. Include **ALL** employment within the last 10 years. **Begin with your current or last position and work back to your first.** Account for all periods of time including military service and any periods of unemployment.
2. Specify any other names you may have worked under.
3. Employment record should include **each position title**, even those with the same employer.
4. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you held.
5. For supervisory/managerial positions, indicate the number of employees you supervised.
6. If more space is required, you may continue on a separate sheet of paper or print additional pages of the following employment record.
7. You may attach a resume, but **application must be completed** as well.

Employer:	Position Title: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Mailing Address:	Number of people supervised:
City, State, Zip:	Supervisors name & title:
Phone Number:	Brief description of job duties & responsibilities:
Starting Salary:	Dates Worked: Month/Year
Final Salary:	From To
Reason for leaving:	Machines, tools, equipment used:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other skills or abilities you used that pertain to this position:

Employer:	Position Title: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Mailing Address:	Number of people supervised:
City, State, Zip:	Supervisors name & Title:
Phone Number:	Brief description of job duties & responsibilities:
Starting Salary:	Dates Worked: Month/Year
Final Salary:	From To
Reason for leaving:	Machines, tools, equipment used:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other skills or abilities you used that pertain to this position:

Employer:	Position Title: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Mailing Address:	Number of people supervised:	
City, State, Zip:	Supervisors name & title:	
Phone Number:	Brief description of job duties & responsibilities: Machines, tools, equipment used: Other skills or abilities you used that pertain to this position:	
Starting Salary:		Dates Worked: Month/Year
Final Salary:		From To
Reason for leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer:	Position Title: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Mailing Address:	Number of people supervised:	
City, State, Zip:	Supervisors name & title:	
Phone Number:	Brief description of job duties & responsibilities: Machines, tools, equipment used: Other skills or abilities you used that pertain to this position:	
Starting Salary:		Dates Worked: Month/Year
Final Salary:		From To
Reason for leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY INITIALING & SIGNING IN THE SPACE PROVIDED.

I hereby certify that the foregoing statements and on any attachment(s) to this form are, to the best of my knowledge, true and correct. I understand and agree that any misstatement(s) will constitute grounds for disqualification for and dismissal from employment. I understand that if I am employed, I am subject to a three-month introductory employment period.

Initial: _____

As a condition of employment, I understand and agree to the following:

Pre-employment

MEC may verify all information given in my employment application, related papers, and oral interviews. I authorize such investigation and the giving or receiving of any such information. I release all persons and businesses/organizations requesting or supplying such information from all claims or liabilities of any nature arising from such investigation or the supplying of such information for such investigation;

Post-offer employment

I may be required to take a drug screening and a report examining my driving record, criminal background, and worker's compensation record may be made. I release all persons and businesses/organizations requesting or supplying such information from all claims or liabilities of any nature arising from such investigation or the supplying of such information for such investigation;

I may be required, as a condition of employment, to undergo a physical examination for the purpose of determining whether I am able to perform the essential functions of the job for which I am being considered. I authorize any physician or hospital to release any information that may be necessary to determine my ability to perform the essential functions of the job. Refusing to submit to the physical examination or release of medical information will result in not being considered for employment;

If employed

I may be required to submit to alcohol and drug screens performed on a reasonable suspicion, post-accident, periodic, random, or as required by Department of Transportation regulations, during my employment. Refusal to submit to such test(s) may result in immediate dismissal;

I understand that I must have a valid Texas driver's license and that a report examining my driving history may be made annually. I authorize such investigation and the giving or receiving of any such information. I release all persons and businesses/organizations requesting or supplying such information from all claims or liabilities of any nature arising from such investigation or the supplying of such information for such investigation. I understand that I must maintain a driving record that is insurable at standard group rates by MEC's automobile liability insurance carrier. If my driving record is unacceptable, my employment may be terminated;

I am to immediately report any accident or traffic violation incurred while on duty to my immediate supervisor. Any accident or traffic violation incurred while off duty must be reported to my immediate supervisor within 5 days of occurrence;

I have three days to submit documents verifying authorization to work in the United States and if I do not, I will no longer be eligible for employment. I acknowledge that all documents submitted for the verification process are authentic and will relate specifically to me;

I understand and agree that employment with MEC is *at-will* meaning that either the employee or the Cooperative can terminate the employment relationship at any time with or without notice and with or without cause. I understand that no representative of MEC, other than the General Manager/CEO, has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing unless in writing and signed by me and the General Manager/CEO;

**I will comply with the policies, rules, and regulations of MEC;
I understand that MEC can change wages, benefits, and conditions at any time.**

THIS APPLICATION MUST BE SIGNED

Applicant Signature

Date

CONFIDENTIAL INFORMATION

Medina Electric Cooperative, Inc. is an EQUAL OPPORTUNITY-AFFIRMATIVE ACTION EMPLOYER. It is the policy of MEC to afford equal employment opportunity to all qualified persons regardless of race, color, sex, national origin, religion, age, marital, veteran status, or physical or mental disabilities, which do not prevent an applicant from performing the essential functions of the job, as prohibited by applicable statutes or regulations. The information volunteered below is used for the purpose of collecting information that MEC uses an aggregate form for analyzing, monitoring, and reporting on its equal opportunity and affirmative action efforts, including reports to the federal government. This information will not affect our decision to hire or not hire you. This form will not be maintained with your application, and will not be seen or considered by the person(s) deciding whether or not to hire you or by any person in the chain of command for the position for which you are applying. **Detach this page and place it in a separate envelope marked ATTN: File Clerk.** You must mail the application and envelope **together** to the Hondo address given on the job application.

Name _____ Job applied for _____

Check appropriate box(es):

- Male
- Female

- Hispanic or Latino
- Not Hispanic or Latino (indicate below)
- White
- Black or African American
- Native Hawaiian or other Pacific Islander
- Asian
- American Indian or Alaska Native
- Two or more races

Specific Referral Source:

- Newspaper
- Walk-in
- Employee
- Phone inquiry
- Employment agency
- College recruitment
- Web-site
- Other _____

Detach this page – see above instructions.