



Job Application

CCECA is an equal opportunity employer and *does not* and *will not* discriminate on the basis of race,color,religion,national origin,gender,age or disability.

PERSONAL INFORMATION

Date of Application: _____

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

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Referred by: _____ Are you 18 years of age or older? YES NO (*CHECK ONE)

Are you or your spouse related to any officer or employee of this employer? YES NO (*CHECK ONE)

If yes, who? _____

EMPLOYMENT DESIRED

Position: _____ Date you can start? _____ Salary Desired _____

Are you employed now? YES NO (*CHECK ONE)

If so may we inquire of your present employer? YES NO (*CHECK ONE)

Have you ever applied to this company before? YES NO (*CHECK ONE)

Where? _____ When? _____

If the position you are applying for requires driving, please provide a valid driver's license # _____ State: _____

Also the type of DL you currently have _____ Operator _____ Commercial _____

EDUCATION

	Name & Location of School	Did you graduate? (*CHECK ONE)	Subjects Studied & Degrees Received
High School / GED		<input type="checkbox"/> YES <input type="checkbox"/> NO	
College		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Trade, Business, or Tech School		<input type="checkbox"/> YES <input type="checkbox"/> NO	

*What languages do you speak, write, or read? _____

Professional Memberships, Certificates or Licenses Held

Special Skills – Please list computer or other technical skills.

Former Employers - List below your last four employers, starting with the last one first.

Date/Month/Year	Supervisor Name/Name & address of employer/Phone number #	Salary (upon leaving)	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

References - List below three persons not related to you whom you have known at least one year.

Name	Organization/Address/Phone #	Position	Years acquainted
1.			
2.			
3.			

Agreement & Authorization

If hired by Cherokee County Electric Cooperative Association, I agree to a physical examination by a physician designated by the Cooperative, which will include a substance abuse test. I understand that my employment will be pending upon the satisfactory passing of the above physical and drug screen test. I authorize investigation on all statements contained in this application. I understand that misinterpretation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of my payment of my wages and salary, be terminated at anytime without cause and without previous notice.

Date: _____ Signature: _____

I HEREBY AUTHORIZE THE PAYROLL DEPARTMENT TO ENTER THIS EMPLOYEE INTO THE PAYROLL SYSTEM

Departmental Supervisor _____

Main Office

Ph (903) 683-2248 · Toll Free (800) 992-4280 · Fax 903-683-5012
P.O. Box 257 / 29880 Hwy 69 North · Rusk, TX 75785

District Office: Chapel Hill

Ph (903) 566-5028 · Fax (903) 566-4501
11022 Hwy 64 East · Tyler, TX 75707