Sumner-Cowley Electric Co-op., Inc.

Building on our past. Lighting the way to the future.

APPLICATION FOR EMPLOYMENT

Notice: Substance and Alcohol Testing is required of applicant driver Today's Date _____

Name_____
(first) (middle) (last)

Address_____ How long at _____

City_____ State_____ Zip Code_____

Date of Birth_____ Social Security Number_____

Addresses for Past Three Years: (attach sheet if more space is needed)

Address_____Dates Resided _____
City_____ State_____ Zip Code_____

Address_____Dates Resided _____
City_____ State_____ Zip Code_____

Address_____Dates Resided _____
City_____ State_____ Zip Code_____

EXPERIENCE AND QUALIFICATIONS-DRIVERS

Drivers License Number_____ Issuing State_____ Expiration_____

Traffic Convictions and Forfeitures for the past three years: (other than parking violations)
Location_____ **Date**_____
Charge_____ **Penalty**_____

Location_____ **Date**_____
Charge_____ **Penalty**_____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes _____ No_____
Has any license, permit, or privilege ever been suspended or revoked? Yes, _____ No_____
(If the answer is yes to either of the two previous questions, attach a statement giving the details)

DRIVING EXPERIENCE

Class of Equipment_____
Type of Equipment (van, tank, flat, etc.) _____
Dates From and From_____ **Approximate Number of Total Miles**_____

Class of Equipment_____
Type of Equipment (van, tank, flat, etc.) _____
Dates From and From_____ **Approximate Number of Total Miles**_____

Class of Equipment_____
Type of Equipment (van, tank, flat, etc.) _____
Dates From and From_____ **Approximate Number of Total Miles**_____

ACCIDENT RECORD FOR THE PAST THREE YEARS OR MORE

Date of Accident_____ **Fatality** _____ **Injury** _____ **Non-Injury** _____
Nature of Accident (head-on, rear-on, upset, etc.) _____

Date of Accident_____ **Fatality** _____ **Injury** _____ **Non-Injury** _____
Nature of Accident (head-on, rear-on, upset, etc.) _____

Date of Accident_____ **Fatality** _____ **Injury** _____ **Non-Injury** _____
Nature of Accident (head-on, rear-on, upset, etc.) _____

EMPLOYMENT HISTORY

All drivers applying to drive in intrastate or interstate commerce must provide the following information on employee during the **preceding three years**. List mailing addresses, street number, city, state and zip code.

Applicants applying to drive a "commercial motor vehicle" as defined by Part 383, in intrastate or interstate commerce shall also provide an additional seven years information on those employers for whom the applicant driver operated such vehicle.

(NOTE: list employers in reverse order starting with the most recent. Add another sheet if necessary)

Employer_____ **Position Held**_____
From Month/Year_____ **To Month/Year**_____
Address _____**City**_____**State**_____**Zip**_____
Contact Person_____ **Phone Number**_____
Reason for Leaving_____
Were you subject to the FMCSRs While Employed? ☐ Yes ☐ No
Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer_____ **Position Held**_____
From Month/Year_____ **To Month/Year**_____
Address _____**City**_____**State**_____**Zip**_____
Contact Person_____ **Phone Number**_____
Reason for Leaving_____
Were you subject to the FMCSRs While Employed? ☐ Yes ☐ No
Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

Employer_____ **Position Held**_____
From Month/Year_____ **To Month/Year**_____
Address _____**City**_____**State**_____**Zip**_____
Contact Person_____ **Phone Number**_____
Reason for Leaving_____
Were you subject to the FMCSRs While Employed? ☐ Yes ☐ No
Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? ☐ Yes ☐ No

ATTACH SHEET IF MORE SPACE IS NEEDED FOR EMPLOYMENT HISTORY

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and all entries on it are true and complete to the best of my knowledge. I authorize Sumner-Cowley Electric Cooperative, Inc. to make such investigations and inquiries of my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application. 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 Sumner-Cowley Electric Cooperative, Inc.

_____ _____
Applicant's Signature Date