



# Vermont Electric Cooperative, Inc.

42 Wescom Road  
Johnson, VT 05656-9717

Toll Free: 1-800-832-2667  
Telephone: 802-635-2331  
Fax: 802-635-7645

[www.vermontelectric.coop](http://www.vermontelectric.coop)

## APPLICATION FOR EMPLOYMENT

As an equal opportunity/affirmative action employer, VEC is committed to provide equal employment opportunities for all applicants and employees without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

### Please Print

Position(s) Applied For	Date of Application	Applicant Status
		<input type="checkbox"/> New <input type="checkbox"/> Internal

Last Name	First Name	Middle Name

Address	Street	City	State	Zip Code

Telephone Number(s)	E-Mail Address

How did you learn about us?

Have you ever been employed with us before?  YES  NO If yes, give date \_\_\_\_\_

Are you currently employed?  YES  NO

May we contact your present employer?  YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  YES  NO

**Proof of citizenship or immigration status will be required upon employment**

On what date would you be available for work? \_\_\_\_\_

Are you available to work:

- Full Time
- Part Time
- Shift Work
- Temporary

Have you been convicted of a crime within the last 7 years?  YES  NO If yes, please explain.



Do you have a valid driver's license?  YES  NO  
 Do you have a Commercial Driver's License (CDL)?  YES  NO

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, sexual orientation, national origin, disabilities or other protected status.

1. Employer:	Dates Employed – From:	To:
Address:		
Job Title:	Telephone Numbers:	
Describe Job Duties:		
Supervisor	Hourly Rate – Starting:	Final:
May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Reason for Leaving:		

2. Employer:	Dates Employed – From:	To:
Address:		
Job Title:	Telephone Numbers:	
Describe Job Duties:		
Supervisor	Hourly Rate – Starting:	Final:
May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Reason for Leaving:		

3. Employer:	Dates Employed – From:	To:
Address:		
Job Title:	Telephone Numbers:	
Describe Job Duties:		
Supervisor	Hourly Rate – Starting:	Final:
May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Reason for Leaving:		

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If you need additional space, please continue on a separate piece of paper.

List professional, trade, business or civic activities and offices held.  
You may exclude membership which would reveal gender, race, religion, national origin, sexual orientation, age ancestry, disability or other protected status:


## ADDITIONAL INFORMATION

### OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.  
(I.E. computer proficiency/specific skills.)


State any other information you feel may be helpful to us in considering your application.


## WORK RELATED REFERENCES (Different from those listed on previous page)

- |                        |                         |
|------------------------|-------------------------|
| <b>1. NAME/ADDRESS</b> | <b>TELEPHONE NUMBER</b> |
|                        |                         |
| <b>2. NAME/ADDRESS</b> | <b>TELEPHONE NUMBER</b> |
|                        |                         |
| <b>3. NAME/ADDRESS</b> | <b>TELEPHONE NUMBER</b> |
|                        |                         |

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In case of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**FOR HUMAN RESOURCE DEPARTMENT USE ONLY**

ARRANGE INTERVIEW  YES  NO

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER(S) \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_

EMPLOYED  YES  NO

DATE OF HIRE \_\_\_\_\_  
JOB TITLE \_\_\_\_\_

BY \_\_\_\_\_

NAME AND TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VOLUNTARY APPLICANT SELF-IDENTIFICATION FORM

VERMONT ELECTRIC COOPERATIVE, INC., (the Company) is committed to equal employment opportunity for all employees and applicants. As a federal contractor, the Company is required to take affirmative action to employ and advance in employment women and minorities, disabled individuals, and protected veterans. To assist the Company in properly identifying its employees and applicants for consideration in the Company's Affirmative Action Program and to comply with Federal and State requirements, we request that you complete the information below regarding your sex and race. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. If you have any concerns in answering these questions, please contact Human Resources.

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Name: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
(Print: Last Name, First Name, Middle Initial)

### RACE/ETHNIC GROUP (**Check only one**)

\_\_\_\_\_ **White (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ **Asian (Not Hispanic or Latino):** A person 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):** A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ **American Indian or Alaskan Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

\_\_\_\_\_ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above races.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Sex:

Male \_\_\_\_\_

Female \_\_\_\_\_

(Print: Last Name, First Name, Middle Initial)

## RACE/ETHNIC GROUP (**Check only one**)

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\_\_\_\_\_ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above races.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_