

DRIVER'S APPLICATION FOR EMPLOYMENT

Company San Luis Valley REC

Address 3625 US. Highway 160 West

City Monte Vista State CO Zip 81144

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State Zip Code Phone How Long? _____
yr./mo.

Previous Addresses _____
Street City State & Zip Code How Long? _____
yr./mo.

Street City State & Zip Code How Long? _____
yr./mo.

Street City State & Zip Code How Long? _____
yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

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

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT HISTORY FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
MOTORCOACH - SCHOOL BUS _____				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or 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, schools, 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 the Company.

_____ Date _____ Applicant's Signature _____

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
 (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE
 OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____	FROM: _____ TO: _____
DATE: _____	DATE: _____
REASON FOR TRANSFER _____	REASON FOR TRANSFER _____

FROM: _____ TO: _____	FROM: _____ TO: _____
DATE: _____	DATE: _____
REASON FOR TRANSFER _____	REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

**Journeyman Lineman
Supplemental Questionnaire**

DATE: _____

NAME: _____ SSN: - - - BIRTHDATE: _____

Element 1: Ability to perform the work of a journeyman lineman without more than normal supervision.

Experience: Have you had any experience on:

- Transmission Maintenance **or** Construction Y / N
- Distribution Maintenance **or** Construction Y / N
- Transmission Experience at **69kV** and above _____ YRS _____ MO
- Distribution Experience below **69kV** _____ YRS _____ MO

Element 2: Knowledge of electrical equipment related to line work.

Check the types of equipment you have practical work experience (do not include training experience):

Wood Structure	Regulators	Insulators
Sectionalizing Switches	Ground Mats	Primary Cable
Yard Lights	Crossarms	URD Cable
Guys & Anchors	Cutouts	Conductors
Lightening Arrestors	Transformers	Substation Bus
Substation Equipment	OCR's	Conduit/Duct

Element 3: Knowledge of technical theory.

Education: Years of college _____ Degree or certificate _____ Technical school—months _____

Training: Apprenticeship program (craft/trade): _____ Sponsored by? _____ Completed? _____ Date of Completion? _____

Length of program? _____

Element 4: Ability to install, maintain, overhaul, and repair powerline structures and equipment.

For each of the duties below, indicate the highest 3 voltage(s) at which you have worked:

VOLTAGES			VOLTAGES		
		Climbed a wood pole structure			Rubber gloved
		Framed a wood pole structure			Set a wood pole
		Installed guy wires			Strung conductor
		Sagged conductor			Clipped or tied a structure
		Replaced insulators			Installed grounds
		Replaced crossarm			Taken a clearance
		Applied a conductor armor rod			Applied a compression conductor fitting
		Installed vibration dampers			Installed raptor protection
		Assembled steel tower			Installed airway markers
		Installed conductor repair rods			Maintained a sectionalizing switch
		Spliced conductor			Strung fiber
		Spliced fiber			Installed primary underground
		Worked cable fault locating equipment			
		Worked on underground cable terminations			

Element 5: Ability to work from blueprints, schematics, and diagrams.

Check the items that you have worked with:

Manufacturers' instruction books	Electrical	Drawing/schem
RUS Spec Books	Wiring	RUS Bulletins
Blueprints/structural erection drawings	Plans and Profiles	Reference Manuals
Operations & Maintenance Bulletins	Circuit Drawings	Lineman/Cableman Handbook

Element 6: Ability to use hand tools and operate line maintenance equipment.

Check all those you have used in performing **line work**:

Gas Drill	Chain hoist	Slings/choker
Block & tackle	Stringing blocks/traveler	Hot hoist
Cant hook/peavy	Plumb bob	Lineman's pliers
Cable cutters	Bolt cutters	Digging spoon
Digging spade	Digging bar	Volt amp meters
Megger meters	Chain saw	Portable generators
Air compressors	Jack hammers	Air & hydraulic tamps
Eye level	Reel stand	Torque wrench
Rubber glove & sleeves	Rack drill	Hot stick tester
Brush chipper	Hydraulic & hand press	Power take up reel
Bucket truck	Boring mole	Pruners
Burndy Hydraulic press	Lineman's belt and climbers	Hand lines
Snow Cat	Winches	Transit
Line truck (digger derrick)	Backhoe	Crawler tractor
All-terrain vehicle	Pole trailer	Wrap on barriers (raptor)
Wire puller	Tensioner	Hot sticks
Rubber cover-ups	Arc welder	Cadweld
Acetylene welding & cutting	Directional boring machine	Hydraulic/mechanical bender
Semi & lowboy	Trenching equipment	Aerial gloving

Element 7: Ability to locate line faults and troubleshoot.

Check the areas you have experience in troubleshooting:

Ground Patrol
Sectionalizing (OH)
Sectionalizing (UG)
Aerial Patrol
Line Outages
Stand-by Duty

Element 8: Dexterity and safety.

Check all that apply:

Formal first aid training course within last 3 years	CPR training within last 2 years
Clearance and tagging procedure on electrical equipment (high voltage)	Hazardous materials training
Clearance, safety, or lockout procedures (low voltage)	Pole top rescue techniques
Installed portable protective grounds	Commercial Drivers License
Installed electrical protective guards and barriers	Installed protective line cover up
Bucket truck personal rescue	Fork lift operator training

List other safety training:

Have you received a violation of a driving law within the last three years? (Do not include parking violation or charges of which you were found not guilty.) Yes ____ No ____

If yes, list here:

Are you willing to work on a stand-by rotation schedule? Yes ____ No ____

