



EMPLOYMENT APPLICATION

Notice to Any Person Seeking Employment with MSMEC

- Those applicants requiring reasonable accommodations for the hiring process should notify a representative of the Human Resources Department.
- You must complete the entire application even if you have attached/submitted a resume.
- You must sign and date on the back of the application.
- You may attach a resume to the completed application, if applicable.

EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of Mora-San Miguel Electric Cooperative, Inc. (MSMEC) to be an Equal Opportunity Employer. The Cooperative affords employment to those qualified persons without regard to race, color, religious creed, sex, spousal affiliation, age, national origin or ancestry, physical disability, mental disability, medical condition, Vietnam-era or disabled veteran status, military service, sexual orientation, gender identity or any other basis protected by federal or state law.

MSMEC Board of Trustee Policy No. 106 prohibits nepotism in any form and the existence of any real or perceived conflicts of interest. Specifically, Policy No. 106 states that no person shall be hired or transferred within the Cooperative who is a “close relative” of a Board Member or current employee. Further, a “relative” of a Board Member or current employee may be considered for hire or transfer within the Cooperative when such hire or transfer shall not result in the close relatives either working in the same department or in the supervision of one by the other. For the purpose of Policy No. 106, “close relative” shall be defined as a spouse, child/parent, brother/sister, of a Board Member or employee; and “relative” shall be defined as an aunt/uncle, first cousin, nephew/niece, grandchild/grandparent of a Board Member or employee.

PRE-EMPLOYMENT EXAMINATIONS

To ensure the continued health and safety of all employees and members of MSMEC, applicants who have been given an offer for employment, will be required to complete a physical examination. All applicants who have been given an offer for employment will be required to submit a pre-employment drug test. Employment may be contingent upon satisfactory completion of a physical examination and a negative drug test. The examination and testing are conducted by an MSMEC designated physician at no cost to the applicant. The physical examination will ensure the applicant can perform the essential physical requirements of position.

Position applied for: _____	Date of Application: _____
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Name (Last, First, Middle):		Other names under which you have attended school or been employed:	
Street Address:	City, State & Zip		
Social Security Number	Home Phone	Work Phone	Other Phone
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you over 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever been employed by MSMEC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, date of employment & reason for leaving:	
Are you a "relative" of any current employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, identify their name and position at MSMEC & describe how they are related to you:	
Are you a "Close Relative" of any current employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, identify their name and position at MSMEC & their relationship to you:	
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State of Issuance, license # & expiration date:	
Have you had your driver's license suspended or revoked in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please provide details:	
How did you learn about this employment opportunity at MSMEC? Check all that apply:		<input type="checkbox"/> Ad in newspaper	
<input type="checkbox"/> Job Bulletin (Posting)	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Dept. of Labor	<input type="checkbox"/> Website
<input type="checkbox"/> Referral by employee	<input type="checkbox"/> Other:		

WORK PREFERENCE

Position applying for: _____ Date available for work: _____

Type of employment desired Full-time Part-time Temporary Seasonal

WILL YOU RELOCATE IF JOB REQUIRES IT? Yes No

Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime (more than 40 hours in a week) if needed? Yes No

EDUCATION

High School:	City/State:		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College/Technical School/Other City/State	# of Years	Course of Study	Degree, diploma, certificate
Other job-related educational institutions, licenses, certifications, etc.			

EMPLOYMENT HISTORY

Please give accurate, complete, full-time and part-time employment record. Start with present or most recent employer.

1	Company Name		Telephone			
	Address			Employed (Month/Year)		
			From		To	
	Name of Supervisor			Weekly Pay		
			Start		Last	
	Job Title & Describe Work					
2	Company Name		Telephone			
	Address			Employed (Month/Year)		
			From		To	
	Name of Supervisor			Weekly Pay		
			Start		Last	
	Job Title & Describe Work					
3	Company Name		Telephone			
	Address			Employed (Month/Year)		
			From		To	
	Name of Supervisor			Weekly Pay		
			Start		Last	
	Job Title & Describe Work					

4	Company Name	Telephone	
	Address	Employed (Month/Year)	
		From	To
	Name of Supervisor	Weekly Pay	
		Start	Last
	Job Title & Describe Work		

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

REFERENCES

Give below the names of three persons not related to you, whom you have known at least one year, and can comment on your work experience.

1	Name	Address & Phone Number	Business	Years Acquainted
2	Name	Address & Phone Number	Business	Years Acquainted
3	Name	Address & Phone Number	Business	Years Acquainted

**AFFIDAVIT, PLEASE READ EACH STATEMENT CAREFULLY BEFORE
SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and other. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I also understand and consent to a full criminal background check conducted by MSMEC.

I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment. I further agree that if I am employed by MSMEC, MSMEC may, at its discretion, and in accordance with its Board of Trustees Policy No. 215, require me to submit to a drug and/or alcohol screening examination at any time while on the job during my employment. I further agree that a finding of the presence of a prohibited substance will constitute grounds for denial of employment or, if the procedure is administered following my employment by MSMEC, the presence of any such substance will be sufficient cause for disciplinary sanctions up to and including termination of employment with MSMEC, as will be refusal on my part to submit to such examination when requested by MSMEC. I further agree and consent to the release of all medical test results to the management of MSMEC and expressly consent to the use of such information by MSMEC to the extent necessary to establish a claim or defense in any controversy between MSMEC and me.

I UNDERSTAND THAT THIS APPLICATION FOR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I HAVE READ, UNDERSTAND AND BY MY SIGNATURE CONSENT TO THESE STATEMENTS.

Applicants Signature

Date

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FOR EMPLOYER'S USE ONLY

REFERENCES

EMPLOYER

PERSON CONTACTED

RESULTS

1. _____

2. _____

3. _____

4. _____

5. _____

INTERVIEWER NAME AND COMMENTS

PERSONNEL OFFICE USE ONLY

INTERVIEW BY 1. _____
2. _____
3. _____

DATE _____
DATE _____
DATE _____

HIRED? YES NO DATE OF EMPLOYMENT _____

JOB TITLE _____ DEPT _____ RATE OF PAY \$ _____

Attn: Human Resources
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