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## Heart of Texas Electric Cooperative, Inc. Application Instructions

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Thank you for your interest in employment with our Company. We appreciate your application and look forward to the possibility of you joining our team. This sheet is for your information; please read it carefully.

If you need any assistance or accommodation to complete this form or during any of the application process, please notify the person who gave you this form and every effort will be made to provide you with the help you request.

Please print all information so it can be easily read. Be certain that all questions are **completely** answered. Incomplete applications will not be considered. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you.

This application form is intended for use in evaluating your qualifications for employment. This is not a contract for employment. False or misleading information given in this form or during the interviewing process are grounds for terminating the application process or, if discovered after employment, for terminating employment. A background check and/or consumer report may be requested by the Company.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, and work experience. Credentials and experience will be verified through schools, former employers, and any other applicable sources. As an Equal Opportunity Employer, we make decisions to hire and promote without regard to race color, age, religion, sex, national origin or ancestry, disability or physical condition, parental status, sexual orientation, gender identity, marital status, level of income, or other legally protected status.

You should understand that the position for which you are applying is considered at-will, which means that either you or the company can terminate employment for any reason or no reason at any time. No one except the company president has the authority to amend this agreement.

**Our business is a subscriber to Workers' Compensation of Texas.**

We appreciate your interest.

I have read and understood the above information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b>WE ARE AN EQUAL OPPORTUNITY EMPLOYER</b>
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## APPLICATION FOR EMPLOYMENT

(Please Print)

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

Position Desired: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (Middle): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever worked for **Heart of Texas Electric Cooperative, Inc.**?  Yes  No

If so, When? \_\_\_\_\_

How did you learn about us?

Advertisement  Friend  Walk-In  Relative  Other: \_\_\_\_\_

Please list the names of any relatives or friends employed by **Heart of Texas Electric Cooperative, Inc.**

You must be 16 years old or older to apply, do you meet this requirement?  Yes  No

Did you receive a copy of the job description for the position?  Yes  No

Are you physically able to perform the duties of the job for which you are applying with or without a reasonable accommodation?  Yes  No

Are you currently employed?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

Proof of identity and work authorization will be required upon employment.

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

Availability:  Full – Time  Part – Time  Shift Work  Temporary

Can you travel if a job requires it?  Yes  No

Have you ever been convicted or pled guilty or no contest to a criminal offense?  Yes  No

For Purposes of employment with Heart of Texas Electric Cooperative, Inc., “convictions” include, but are not limited to, sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication), and court-ordered restitution.

City/State: \_\_\_\_\_ Charge: \_\_\_\_\_

\*Please explain. \_\_\_\_\_

\*Conviction of a criminal offense will not necessarily bar you from employment.

## EDUCATION

### HIGH SCHOOL:

Name: \_\_\_\_\_ City / State: \_\_\_\_\_  
Did you graduate?  Yes  No Degree: \_\_\_\_\_

### COLLEGE:

Name: \_\_\_\_\_ City / State: \_\_\_\_\_  
Did you graduate?  Yes  No Degree /Major: \_\_\_\_\_

### OTHER:

Name: \_\_\_\_\_ City / State: \_\_\_\_\_  
Did you graduate?  Yes  No Degree /Major: \_\_\_\_\_

Current Certifications/Licenses Held: \_\_\_\_\_

## EMPLOYMENT HISTORY

(Last 10 years-attach additional sheets if necessary)

Start with your present or last job. You may also include any activities which you believe demonstrate your qualifications for the position applied. "See Resume" is not acceptable.

### CURRENT OR MOST RECENT EMPLOYER:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
May we contact your current or most recent employer for a reference?  Yes  No

### NEXT PREVIOUS EMPLOYER:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
May we contact your current or most recent employer for a reference?  Yes  No

### NEXT PREVIOUS EMPLOYER:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
May we contact your current or most recent employer for a reference?  Yes  No

If applying for a position that requires use of a vehicle while conducting company business a Motor Vehicle Report will be conducted. Motor Vehicle Report results will be considered prior to placing you in a driving position.

**REFERENCES**

Name only those persons who are familiar with your work capabilities. Do not list relatives.

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Position: \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Position: \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Position: \_\_\_\_\_ Years Known: \_\_\_\_\_

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I certify that 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 as 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 time period should inquire as to whether or not applications are being accepted at this time.

I understand that I may be required to successfully complete a pre-employment physical examination conducted by a company-authorized physician and that I may be required to successfully pass a pre-employment drug/alcohol screening after I accept a conditional offer of employment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Commercial License Holders Only**

**\*\*\* If you do not have a Commercial Driver's License please skip the next 2 pages and continue with the last page. \*\*\***

**PREVIOUS THREE YEARS RESIDENCY**

(Street)	(City)	(State & Zip Code)	# YEARS _____
(Street)	(City)	(State & Zip Code)	# YEARS _____
(Street)	(City)	(State & Zip Code)	# YEARS _____

(Attach sheet if more space is needed)

**LICENSE INFORMATION**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License No.	Type	Expiration Date

**DRIVING EXPERIENCE**

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				
Other				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Number Fatalities	Number Injuries	Chemical Spills	
				Yes	No

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

Date Convicted (Month/Year)	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or points)

**(Attach sheet if more space is needed)**

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
 If yes, explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked?  Yes  No

If yes, explain \_\_\_\_\_

**For Commercial License Holders Only**

Applicants that desire to drive in Intrastate/Interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record)

Must list the complete mailing address: street number and name, city, state and zip code.

**LAST EMPLOYER:** Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ Salary \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

**SECOND LAST EMPLOYER:** Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ Salary \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

**THIRD LAST EMPLOYER:** Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ Salary \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  Yes  No

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related makers 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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;

- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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Date

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Applicants Signature

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.

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Date

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Applicants Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

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## Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture,  
Office of the Assistant Secretary for Civil Rights,  
1400 Independence Avenue, SW,  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider and employer



De acuerdo con la Ley Federal de derechos civiles y las reglamentaciones y políticas de derechos civiles del Departamento de Agricultura de Estados Unidos (U.S. Department of Agriculture, USDA), se prohíbe al USDA, sus agencias, oficinas y empleados, e instituciones que participan o administran los programas del USDA, discriminar por motivos de raza, color, origen nacional, religión, género, identidad de género (incluidas las expresiones de género), orientación sexual, discapacidad, edad, estado civil, estado familiar/parental, ingresos derivados de un programa de asistencia pública, creencias políticas, o represalias por actividades previas sobre derechos civiles, en cualquier programa o actividad llevados a cabo o financiados por el USDA (no todas las bases se aplican a todos los programas). Las fechas límite para la presentación de remedios y denuncias varían según el programa o el incidente.

Las personas con discapacidades que requieran medios alternativos de comunicación para obtener información sobre el programa (por ej., Braille, letra grande, cinta de audio, lenguaje americano de señas, etc.) deberán comunicarse con la Agencia responsable o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisiones al (800) 877-8339. Asimismo, se puede disponer de información del programa en otros idiomas además de inglés.

Para presentar una denuncia por discriminación en el programa, complete el formulario de denuncias por discriminación en el programa del USDA, AD-3027, que se encuentra en línea en <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> o en cualquier oficina del USDA o escriba una carta dirigida al USDA y incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncias, llame al (866) 632-9992. Envíe su formulario completado o su carta al USDA por los siguientes medios:

- (1) correo: Departamento de agricultura de Estados Unidos,  
Oficina de la Subsecretaria para los derechos civiles,  
1400 Independence Avenue, SW,  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; o
- (3) correo electrónico: [program.intake@usda.gov](mailto:program.intake@usda.gov).

El Departamento de Agricultura de Estados Unidos (USDA) es un proveedor, empleador y prestador que ofrece igualdad de oportunidades.