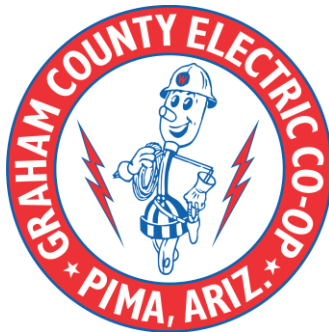


# Graham County Electric Cooperative, Inc.

PO Drawer B / 9 W Center St.  
Pima AZ 85543

## Employment Application



GRAHAM COUNTY ELECTRIC CO-OP PLACES GREAT EMPHASES ON CUSTOMER SERVICE, TEAMWORK, PROBLEM SOLVING AND INNOVATION. WE LOOK FOR PEOPLE WHO EXEMPLIFY THESE QUALITIES AND ARE WILLING TO WORK HARD FOR OUR MEMBERSHIP.

GRAHAM COUNTY ELECTRIC CO-OP IS AN EQUAL OPPORTUNITY EMPLOYER.

Applicant Name \_\_\_\_\_

Today's Date \_\_\_\_\_

## Personal Information (Please Print Clearly)

Last Name	First Name	Middle Name
Street Address _____		
City _____	State _____	Zip Code _____
Previous address if less than 5 years at current address _____		
_____		
Home Phone _____	Work Phone _____	
Cell _____	E-Mail _____	

I understand that upon employment, proof of legal right to work in the United States and completion of I-9 form will be required.

**Are you eligible to work for any United States employer at this time?**     Yes     No

**Have you ever been convicted of a felony?**     Yes     No    If yes explain \_\_\_\_\_

**Do you have a valid driver's license?**     Yes     No    License # \_\_\_\_\_ Expires \_\_\_\_\_

**Can you travel if the position requires travel?**     Yes     No

**If you have ever worked under or earned degrees under another name, please list below:**

Last Name	First Name	Middle Name
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## Position Desired

**Position seeking?** \_\_\_\_\_

**How did you learn of this position?** \_\_\_\_\_

**Date available?** \_\_\_\_\_

**Are you able to perform the essential functions of this position?**     Yes     No

**If not, what accommodations would make it possible for you to perform this job?** \_\_\_\_\_

**Have you previously been employed by GRAHAM COUNTY ELECTRIC Co-OP or another electric cooperative?**     Yes     No

If yes, indicate position, department, and dates: \_\_\_\_\_

**Do you have any relatives employed at GRAHAM COUNTY ELECTRIC Co-OP?**     Yes     No

**If Yes, who?** \_\_\_\_\_

**GRAHAM COUNTY ELECTRIC Co-OP** is an equal opportunity employer and recruits, advertises, employs, promotes, transfers, disciplines, and discharges without regard to race, color, religion, national origin, age, sex, marital status, ancestry, physical or mental disability, or veteran status.



Previous Employer \_\_\_\_\_

Dates Employed—From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Contact's Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Job Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_

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

Previous Employer: \_\_\_\_\_

Dates Employed—From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Contact's Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Job Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_

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

### Professional References (Please list only references that we may contact at this time)

Name	Title	Company	Phone Number
			Home
			Work
			Home
			Work
			Home
			Work

### Affidavit

**Nonbinding Application and Interview Process:** I understand that this application will be reviewed, but nothing in this application or any other documents or in the employment evaluation process shall be construed as either an offer or contract of employment or an obligation on the part of GCEC to provide any benefit to me.

I hereby declare that my statements on this application and on my resume or documents provided by me to **GRAHAM COUNTY ELECTRIC CO-OP**, are true and correct to the best of my knowledge. I acknowledge and agree that providing any false information may result in a decision not to hire me, or if hired, may result in the termination of my employment. I also authorize investigation of these statements. This investigation may include employment history; reasons for leaving previous employers, criminal record, credit record, driving record, social security number investigation, and degree/certificate verification. I hereby release **GRAHAM COUNTY ELECTRIC CO-OP** from all liability for any damages resulting from the information obtained. This application shall be considered active for a period of time not to exceed 180 days.

APPLICANT'S SIGNATURE \_\_\_\_\_