

Barrow Utilities and Electric Cooperative, Inc.

Employment Application



If you have any difficulty in completing this application, please ask for assistance.

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				PO Box	
City		State		ZIP	
Phone			E-mail Address		
Position Applied for					
FOR UNION APPLICANTS: NON-LINEMEN ONLY					
Resident of Barrow since					
FOR UNION APPLICANTS: LINEMEN ONLY					
Recently laid-off at		Resident of Fairbanks since		Resident of Anchorage since	
WORK AVAILABILITY					
What type of work are you seeking?	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Seasonal/Intern <input type="checkbox"/>	Shift-work <input type="checkbox"/>	Weekends <input type="checkbox"/>
Will you work overtime, if required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date you are available to begin work	/	/ 201__
What hours and days can you work?					
Are there any times you cannot work? If so, please list.					
ELIGIBILITY INFORMATION					
All applicants must be able to provide documentation of citizenship or work eligibility if hired.					
Are you a citizen of the United States, or authorized to work in the U.S. legally?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you over 18 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you worked under another name?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, what name?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Have you ever been terminated, or asked to resign, by any employer in the past five (5) years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
DRIVER LICENSE INFORMATION					
Do you currently hold an Alaska Driver License (<u>non-commercial</u>)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you currently hold an Alaska CDL (Commercial Driver License) ? <i>Certain positions require an employee to obtain a CDL within 30-days of hire.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If not, are you eligible and willing to obtain an Alaska Driver License (non-commercial)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, are you eligible and willing to obtain an Alaska CDL (Commercial Driver License) ? <i>Certain positions require an employee to obtain a CDL within 30-days of hire.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

DRUG AND ALCOHOL TESTING HISTORY (FOR SAFETY-SENSITIVE POSITIONS ONLY)

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two (2) years	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, have you completed the return to work process?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

ADDITIONAL INFORMATION

What are you offering to BUECI that distinguishes you from other candidates?	
What are your long-term, work-related goals?	

EDUCATION

Attach transcripts of academic records for any college or technical education. Educational credentials will be verified.

High School or GED		Address	(City)	(State)
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree earned?	
College		Address	(City)	(State)
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree earned?	
Other		Address	(City)	(State)
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree earned?	

MILITARY SERVICE

Rank at Discharge		Type of Discharge	
From	/ /	To	/ /
		Branch	
If other than honorable, explain			
Relevant education, training, or work experience from service			

TRAINING/CERTIFICATIONS/LICENSES

Training, courses, workshops, seminars, or other specialized training related to the position for which you are applying							
Certification or licenses held (include licensing agency and expiration date) <i>Provide Alaska Driver License & CDL information.</i>	<table border="1"> <thead> <tr> <th><u>License/Certificate</u></th> <th><u>Issuing Agency</u></th> <th><u>Expiration Date</u></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	<u>License/Certificate</u>	<u>Issuing Agency</u>	<u>Expiration Date</u>			
<u>License/Certificate</u>	<u>Issuing Agency</u>	<u>Expiration Date</u>					
Honors/Awards received related to the position for which you are applying							

LANGUAGE PROFICIENCY

Language (other than English)			
Rate your level of proficiency as: (C) Conversational, (I) Intermediate, or (F) Fluent	Spoken:	Written:	Reading:

PREVIOUS EMPLOYMENT

List your employment history for the past five (5) years beginning with the most recent or present employer.

Use additional pages if necessary. Indicate name under which employed if different than this application. Complete application fully, and do not indicate "see resume". Resumes can be attached to provide additional information.

If a former employer is out of business, so state. If you have been conducting your own business, give names, phone numbers, and addresses of at least two clients whom we can contact. If time between employers exceeds 60 days, explain what you were doing during the period.

1 Company				Telephone					
Address				Supervisor					
Job Title				Starting Salary	\$	per	Ending Salary	\$	per
Was your job designated as a SAFETY-SENSITIVE FUNCTION in any DOT-REGULATED MODE subject to the drug and alcohol testing requirements of 49 CFR Part 40?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
Responsibilities									
From	/	/	To	/	/	Reason for Leaving			
2 Company				Telephone					
Address				Supervisor					
Job Title				Starting Salary	\$	per	Ending Salary	\$	per
Was your job designated as a SAFETY-SENSITIVE FUNCTION in any DOT-REGULATED MODE subject to the drug and alcohol testing requirements of 49 CFR Part 40?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
Responsibilities									
From	/	/	To	/	/	Reason for Leaving			
3 Company				Telephone					
Address				Supervisor					
Job Title				Starting Salary	\$	per	Ending Salary	\$	per
Was your job designated as a SAFETY-SENSITIVE FUNCTION in any DOT-REGULATED MODE subject to the drug and alcohol testing requirements of 49 CFR Part 40?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
Responsibilities									
From	/	/	To	/	/	Reason for Leaving			

Request additional pages if necessary.

REFERENCES

Please list three professional references familiar with your work performance that we may contact.

Do not include friends or relatives.

1 Full Name		Title/Position	
Years Acquainted		Email	
Company		Phone	
Address	(City)	(State)	
2 Full Name		Title/Position	
Years Acquainted		Email	
Company		Phone	
Address	(City)	(State)	
3 Full Name		Title/Position	
Years Acquainted		Email	
Company		Phone	
Address	(City)	(State)	

DISCLAIMER AND SIGNATURE**IMPORTANT – PLEASE READ CAREFULLY.**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I hereby authorize **Barrow Utilities and Electric Cooperative, Inc. (BUECI)** to investigate all statements contained in this application and to request from my previous employers information relative to my prior employment. The results of this verification process will be used to determine employment eligibility. I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide **BUECI** with all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I understand, as a prerequisite to consideration for employment by **BUECI**, I shall be subject to the cooperative's policies regarding, **drug testing, physical examinations**, and all applicable rules and regulations. It is the policy of **BUECI** to maintain a drug free workplace. In order to maintain a workplace that is free of illegal use and abuse of drugs, I understand the position for which I am applying may be subject to pre-employment and random drug testing for controlled substances and alcohol. I also understand that the outcome of these procedures may affect my obtaining or maintaining employment with **BUECI**.

I understand that some positions at **BUECI** require availability at varied times. I will provide to a Human Resource Representative the required documentation to establish my employment eligibility in accordance with the Immigration Reform and Control Act, as needed. According to the Fair Credit Reporting Act, I am entitled to know if employment was denied based upon information obtained by my prospective employer and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report.

Applicant Signature		Date	
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BUECI is an equal opportunity employer. BUECI does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

**Thank you for your interest in Barrow Utilities and Electric Cooperative, Inc.
PO Box 449, Barrow, AK 99723**