



EMPLOYMENT APPLICATION

Information for Applicants

CVEA accepts applications only for open positions. Applications are not maintained on file for future positions once the position applied for has been filled.

All candidates must complete an application before a job offer can be made. A resume submitted to CVEA does not constitute an 'application for employment.' A resume may be submitted to supplement information required by the application. It is not necessary to duplicate information required on the application that is included on an attached resume.

All employees who either operate a CVEA vehicle or could reasonably be required to operate a CVEA vehicle must have a valid Alaska driver's license for the vehicle operated and a driving record that is acceptable to and insurable by CVEA's insurance carrier.

CVEA requires a pre-employment alcohol and drug use screening. The D/A screening will be paid for by CVEA.

As an applicant for employment, I understand that no employment contract is being offered, that my employment is for no definite period of time, and that CVEA can change wages, benefits, and conditions at any time. I also understand that a condition of employment is the agreement that the policies and benefits of employment may be changed unilaterally and that no vested rights in pre-existing rights or benefits shall exist. Although the employer makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, or a work schedule other than Monday through Thursday. I further understand that CVEA will observe all labor agreements that are in effect.

Furthermore, as an applicant for the position noted on page 2 of this application, I confirm that I am physically and mentally capable of performing the duties and responsibilities as described in the position description.

I understand that if employed, I am required to abide by all rules, regulations, and policies of CVEA.

Signature of Applicant

Date

CVEA is an EEO Employer

We consider applicants for all positions, without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Please complete the attached Voluntary Affirmative Action Questionnaire.

Completion of the questionnaire will not affect CVEA's employment decision.

COPPER VALLEY ELECTRIC ASSOCIATION, INC.
EMPLOYMENT APPLICATION
(Please Print)

<hr/> Date of Application	<hr/> Position Applied for	
<hr/> Last Name	<hr/> First Name	<hr/> Middle Name
<hr/> Mailing Address		
<hr/> City	<hr/> State	<hr/> Zip
<hr/> Home Telephone	<hr/> Cell	
<hr/> Email Address		<hr/> Social Security Number

GENERAL INFORMATION

	YES	NO
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your current employer?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently laid off and subject to recall?	<input type="checkbox"/>	<input type="checkbox"/>
What is your availability to work? Check all that apply:		
	Full Time	<input type="checkbox"/>
	Part Time	<input type="checkbox"/>
	Shift Work	<input type="checkbox"/>
	Temporary	<input type="checkbox"/>
Can you travel if a job requires it?	<input type="checkbox"/>	<input type="checkbox"/>
Can you work overtime if necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid Alaska driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
Current license number: _____ State: _____		
Have you ever filed an application with CVEA before?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, date/s of previous application/s: _____		
Have you ever been employed by CVEA before?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, dates of previous employment: <i>from</i> _____ <i>to</i> _____ (<i>month/year</i>)		

Last Name: _____

YES NO

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (*Proof of citizenship or immigration status will be required upon employment.*)

☐ ☐

Have you ever been denied government security clearance?

☐ ☐

Has your driver's license ever been revoked or suspended?

☐ ☐

Have you been convicted of a felony within the last seven (7) years? If yes, please explain. (*Conviction will not necessarily disqualify an applicant from employment.*)

☐ ☐

Are you related, directly or through marriage, however remotely, to any present CVEA management/supervisory employee or to any member of CVEA's Board of Directors?
If yes, in what way?

☐ ☐

Have you tested positive or refused to test on any drug or alcohol test in the past two years?

☐ ☐

Do you have any of the following:

Commercial Driver's License

Number _____

Expiration date _____

☐ ☐

First Aid Card

Number _____

Expiration date _____

☐ ☐

CPR Certification

Number _____

Expiration date _____

☐ ☐

Alaska Fitness Card

Number _____

Expiration date _____

☐ ☐

On what date would you be available for work? _____

Last Name: _____

MILITARY STATUS

Complete this section if you serve or have served in the US Armed Forces.

Branch of Service

from _____ to _____
Period of Active Duty (month/year)

Rank at Discharge

Date of Discharge

Discharge Status (optional)

Describe your duties and any special training:

EDUCATION

Mark highest grade completed: High School 9 10 11 12 College 1 2 3 4 5 6 7 8

High School (Name/Location)

College (Name/Location)

Degree/Course of Study

College (Name/Location)

Degree/Course of Study

Technical (Name/Location)

Degree/Course of Study

Other (Name/Location)

Degree/Course of Study

SKILLS AND QUALIFICATIONS

Please describe skills and qualifications you bring to this position.

ATTACH ANY OTHER DOCUMENTS YOU THINK ARE APPROPRIATE.

Resume, Reference Letters, Letters of Commendation, etc.

Last Name: _____

TEN-YEAR EMPLOYMENT AND SALARY HISTORY
(REQUIRED)

Please give an accurate, complete full-time and part-time employment record for the last ten years. Start with your present or most recent employer. Use additional sheets if necessary. It is not necessary to duplicate information provided on your resume; however, ending monthly salary is required.

Employer	<i>from</i> _____ <i>to</i> _____ Employed (<i>month/year</i>)
----------	---

City	State
------	-------

Position Title	Ending Monthly Salary
----------------	-----------------------

Supervisor	Supervisor's Phone Number
------------	---------------------------

Employer	<i>from</i> _____ <i>to</i> _____ Employed (<i>month/year</i>)
----------	---

City	State
------	-------

Position Title	Ending Monthly Salary
----------------	-----------------------

Supervisor	Supervisor's Phone Number
------------	---------------------------

Employer	<i>from</i> _____ <i>to</i> _____ Employed (<i>month/year</i>)
----------	---

City	State
------	-------

Position Title	Ending Monthly Salary
----------------	-----------------------

Supervisor	Supervisor's Phone Number
------------	---------------------------

Employer	<i>from</i> _____ <i>to</i> _____ Employed (<i>month/year</i>)
----------	---

City	State
------	-------

Position Title	Ending Monthly Salary
----------------	-----------------------

Supervisor	Supervisor's Phone Number
------------	---------------------------

Last Name: _____

REFERENCES
(REQUIRED)

EMPLOYMENT REFERENCES

Name

Title

Company

Phone Number

Name

Title

Company

Phone Number

Name

Title

Company

Phone Number

PERSONAL REFERENCES

(Include no more than one college faculty member; do not include former employers or relatives.)

Name

Years Known

Title or Occupation

Phone Number

Name

Years Known

Title or Occupation

Phone Number

Name

Years Known

Title or Occupation

Phone Number

Last Name: _____

AUTHORIZATION & CONSENT FOR RELEASE OF INFORMATION (REQUIRED)

We truly welcome your application with Copper Valley Electric Association (CVEA). As a condition of employment, we require that you consent to and authorize a pre-employment background check, including verification of information submitted on your application or resume.

This release and authorization acknowledges that CVEA may now or at any time during your employment conduct, to the fullest extent permitted by law, an inquiry into your education, previous employment/work history, personal references, and motor vehicle records, as well as receive any criminal history information pertaining to you that may be in the files of any Federal, State, or local criminal justice agency, and/or other information deemed necessary to evaluate your ability to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility.

I authorize CVEA and any of its agents or attorneys to conduct the inquiry authorized by this Release. I further authorize CVEA to disclose verbally and in writing the results of this inquiry and/or interview to the designated authorized representatives of CVEA.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that any false statements may result in denial of employment or in discharge from employment.

I have read and understand this Release and Consent, and I authorize the background inquiry and verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide CVEA and its agents or attorneys with all information requested, and I hereby release all the persons and agencies providing such information from any and all claims and damages connected to their release of any requested information. I also waive any right to notice of any such release. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge, to the full extent permitted by law, CVEA, its employees or agents, and its associated agents and attorneys from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency or court, arising from the retrieving and reporting of the information authorized by this Release.

Applicant Name, Printed (first, middle, last)

Date

Applicant Signature

Social Security Number

Address (permanent residence street address)

Driver's License Number

State

City

County

Phone Number

State

Zip

Date of Birth



VOLUNTARY AFFIRMATIVE ACTION QUESTIONNAIRE

**Copper Valley Electric Association
is an Equal Opportunity Employer**

State and Federal laws require that employers keep records on the race and gender of applicants and employees to facilitate the enforcement of Equal Employment Opportunity laws. This statement will be filed separately from all of your employment records and will be retained confidentially. As required by State law, it will be available only to Copper Valley Electric Association's Employee Relations Department and Federal and State employment enforcement officers. Accordingly, information provided here will not be considered as part of your application. Your responses are strictly voluntary and failure to provide the information requested will not subject you to adverse effects; however, we urge you to complete all items. This page will be detached from your application prior to its referral to a selecting official.

Date

Position Applied for

Last Name

First Name

Middle Name

Mailing Address

City

State

Zip

Date of Birth

Gender: ☐ Male ☐ Female

Race: ☐ White ☐ Black ☐ Hispanic
 ☐ Alaska Native/American Indian ☐ Asian or Pacific Islander

Veteran Status: ☐ Disabled ☐ Vietnam Era (Aug 5, 1964–May 7, 1975)

Disabling Conditions:

<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Psychological Impairment (Mentally Restored)
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Chemical Dependence
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Multiple Disabilities
<input type="checkbox"/> Other Physical Impairment/s	<input type="checkbox"/> No Disabling Condition
<input type="checkbox"/> Other (Specify): _____	

DEFINITIONS OF RACIAL/ETHNIC GROUPS

Racial/ethnic groups are defined as follows for required statistics and reporting:

White: a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black: a person having origins in any of the black racial groups of Africa.

Hispanic: a person of Mexican, Puerto Rican, Cuban, Central or South American descent or having origins in any other Spanish culture, regardless of race.

Asian or Pacific Islander: a person having origins in any of the original peoples of the Far East, South East Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

Alaska Native or American Indian: a person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

DEFINITIONS FOR DISABLING CONDITION

Disabled Person: any person who has a physical or mental impairment that substantially limits one or more of his or her major life activities. Physical impairment is defined as any physical disability, infirmity, malformation, or disfigurement that is caused by bodily injury, birth defect, or illness, including epilepsy, and includes any degree of paralysis, amputation, lack of physical coordination, blindness or visual impairment, or physical reliance on a guide dog for the blind, a wheelchair, or any other remedial appliance or device.

Visual and Hearing Impairment: loss of vision or hearing to a degree that substantially limits one or more major life activities.

Developmental Disability: a group of disabilities that affects a person during the developmental stages of his or her life and usually continues indefinitely and that constitutes a substantial handicap to his or her functioning. Conditions included in this category are mental retardation, cerebral palsy, epilepsy, and autism.

Other Physical Impairment: physical impairments not included in the three definitions above, including orthopedic abnormalities, missing or crippled limbs and extremities (which can be congenital or caused by trauma or diseases such as arthritis, rheumatism, or polio), motor impairments (which can be the result of injury or other conditions), cardiovascular or neurological disorders (such as heart disease, paraplegia, multiple sclerosis, or Parkinson's disease), diabetes, tuberculosis, cancer, and obesity.

Psychological Impairment (Mentally Restored): returned to health after mental illness.

Chemical Dependence: a dependence on alcohol or drugs to a degree that substantially limits one or more life activity.

Multiple Disabilities: more than one disability, occurring in two or more different categories or within a single category.

Other Disability: a disability that does not fit into any of the above categories.