



## EMPLOYMENT APPLICATION

### Information for Applicants

Copper Valley Electric Association (“CVEA”) accepts applications only for open positions. Upon written request, applications may be resubmitted for future positions for up to six months after the initial application.

**All candidates must complete an application. A cover letter may be required.** A resume submitted to CVEA does not constitute an ‘application for employment.’ A resume may be submitted to supplement information required by the application.

CVEA requires a pre-employment drug screening. CDL holders also require a pre-employment alcohol screening. The D/A screening will be paid for by CVEA.

*As an employment applicant, I understand that no employment contract is being offered, and that unless provided otherwise by a CVEA collective bargaining agreement, my employment is for no definite period of time, and that CVEA can change wages, benefits, and conditions at any time. As an applicant for the position noted on this application, I confirm that I am physically and mentally capable of performing the duties and responsibilities as described in the position description, with or without reasonable accommodation.*

*I understand that if employed, I am required to abide by all rules, regulations, and policies of CVEA. I do hereby certify that the information provided by me for the purpose of employment is true and complete. I understand that any false statements may result in denial of employment or in discharge from employment.*

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Position Applied For

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Email Address

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

Last Name: \_\_\_\_\_

### GENERAL INFORMATION

How did you hear about this position?

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What is your availability to work? Check all that apply:

Full Time  
Part Time  
Shift Work  
Temporary

YES NO

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Can you travel away from your home community if a job requires it?

Can you work overtime if necessary?

Do you have a valid driver's license?

Have you ever filed an application with CVEA before?

If yes, date(s) of previous application(s): \_\_\_\_\_

Have you ever been employed by CVEA before?

If yes, dates of previous employment: *from* \_\_\_\_\_ *to* \_\_\_\_\_ (month/year)

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?

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Are you eligible to work in the United States?

*(If hired, you must provide proof of identity or authorization to work in the United States)*

Have you ever been denied government security clearance? If yes, please explain.

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Has your driver's license ever been revoked or suspended? If yes, please explain.

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Last Name: \_\_\_\_\_

YES NO

Have you been convicted of a felony? If yes, please explain.  
(Conviction will not necessarily disqualify an applicant from employment)

Have you ever been terminated from employment or resigned in lieu of termination?

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 Certificate of Fitness Card

Number \_\_\_\_\_ Expiration date \_\_\_\_\_

### EDUCATION

\_\_\_\_\_ Diploma GED  
High School (Name/Location)

Years of College Completed: \_\_\_\_\_

\_\_\_\_\_ College (Name)

\_\_\_\_\_ Degree/Course of Study  
Degree Completed? Yes No

\_\_\_\_\_ College (Name)

\_\_\_\_\_ Degree/Course of Study  
Degree Completed? Yes No

\_\_\_\_\_ Technical (Name)

\_\_\_\_\_ Degree/Course of Study  
Degree Completed? Yes No

\_\_\_\_\_ Other (Name)

\_\_\_\_\_ Degree/Course of Study  
Degree Completed? Yes No

*Last Name:* \_\_\_\_\_

ATTACH ANY DOCUMENTS YOU THINK ARE APPROPRIATE.  
*Resume, Reference Letters, Letters of Commendation, Sample Work, etc.*

**SKILLS AND QUALIFICATIONS**

Please describe the skills and qualifications you bring to this position.

Last Name: \_\_\_\_\_

**TEN-YEAR EMPLOYMENT AND PAY HISTORY**  
**(REQUIRED)**

Please give an accurate, complete full-time and part-time employment record for the last ten years, starting with your present or most recent employer. Use additional sheets if necessary. Completely filling out this application is mandatory. This section must be completed even if the information is included in a resume.

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

<hr/>	<hr/>
City	State

<hr/>	<hr/>
Position Title	Ending Monthly Pay

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

<hr/>	<hr/>
City	State

<hr/>	<hr/>
Position Title	Ending Monthly Pay

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

<hr/>	<hr/>
City	State

<hr/>	<hr/>
Position Title	Ending Monthly Pay

Last Name: \_\_\_\_\_

**EMPLOYMENT REFERENCES**  
**At least one reference must have been a direct supervisor**  
**(REQUIRED)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
**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, disability, or any other legally protected status.

**DISCLOSURE OF BACKGROUND CHECKS & AUTHORIZATION**

**(REQUIRED)**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Copper Valley Electric Association, Inc. ("CVEA"), and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation, or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish CVEA or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I further authorize ongoing procurement of the above-mentioned report(s) at any time that I am considered for another position with CVEA or at any time during your association with the CVEA. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

\_\_\_\_\_  
Applicant Name (first, middle, last)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address (permanent residence street address)

\_\_\_\_\_  
Driver's License Number and State

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Email