



# Lumbee River EMC

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Your Touchstone Energy® Cooperative 

**ALL APPLICATIONS AND RESUMES WILL BE  
DESTROYED AFTER TWELVE (12) MONTHS**



In what state or states do you possess a valid and current driver's license?

State: \_\_\_\_\_ License No.: \_\_\_\_\_ State: \_\_\_\_\_ License No.: \_\_\_\_\_

State: \_\_\_\_\_ License No.: \_\_\_\_\_ State: \_\_\_\_\_ License No.: \_\_\_\_\_

In what state or states have you ever possessed a driver's license?

State: \_\_\_\_\_ License No.: \_\_\_\_\_ State: \_\_\_\_\_ License No.: \_\_\_\_\_

State: \_\_\_\_\_ License No.: \_\_\_\_\_ State: \_\_\_\_\_ License No.: \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?  Yes  No  
(See attached sheet for a list of the essential functions of the job for which you are applying.)

If you are selected for employment, on what date can you start work? \_\_\_\_\_

List any training or special skills you have that are relevant to the position for which you are applying.  
\_\_\_\_\_  
\_\_\_\_\_

List your membership in any professional or technical organizations that are related to the job requirements of the position for which you are applying. (Exclude those that may disclose your race, color, religion, sex (including pregnancy), national origin, age, disability, sickle cell or hemoglobin C trait, genetic information, veteran status, or union affiliations.)  
\_\_\_\_\_  
\_\_\_\_\_

Apart from absence for religious observation, are you available to work from 8 a.m. to 5 p.m., Monday through Friday?  Yes  No  
If not, what hours can you work? \_\_\_\_\_

Will you work overtime if asked?  Yes  No Are you willing to work after hours call-out duty and on-call assignments?  Yes  No

Have you ever been convicted of a felony?  Yes  No  
If yes, give details, including jurisdiction (state and county) where such conviction occurred.  
\_\_\_\_\_  
\_\_\_\_\_

(Criminal convictions are not an absolute bar to employment. They will only be considered in relation to specific job requirements.)

Have you ever been convicted of a power (electricity) theft or power diversion?  Yes  No  
If yes, give details, including jurisdiction (state and county) where such conviction occurred.  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE FOLLOWING QUESTIONS SHOULD BE ANSWERED ONLY IF THE BOX NEXT TO THE QUESTION IS MARKED.**

**EDUCATION**

	<b>School Name</b>	<b>Address</b>	<b>No. of Years Attended</b>	<b>Degree</b>	<b>Major</b>
<input type="checkbox"/> High					
<input type="checkbox"/> College					
<input type="checkbox"/> Other					
<input type="checkbox"/> Courses now studying					

**PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY:**

List special training or noteworthy achievements. Please attach your resume.

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**CLERICAL AND SECRETARIAL APPLICANTS ONLY:**

Place one check for knowledge. Place two checks for experience.

<input type="checkbox"/> 10-Key	<input type="checkbox"/> Internet	<input type="checkbox"/> Network Software
<input type="checkbox"/> A/R and/or A/P	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Payroll System
<input type="checkbox"/> AmiPro	<input type="checkbox"/> Microsoft Access	<input type="checkbox"/> PBX System
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Personal Computer
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Microsoft Windows	<input type="checkbox"/> Proofreading
<input type="checkbox"/> E-Mail	<input type="checkbox"/> Fax Machine	

**TRADES, CRAFTS, AND TECHNICAL APPLICANTS ONLY:**

Place one check for knowledge. Place two checks for experience.

- |   |  |
|---|--|
| <input type="checkbox"/> Warehousing                            | <input type="checkbox"/> Electrical hand tools                                 |
| <input type="checkbox"/> Computer inventory                     | <input type="checkbox"/> Electrical safety                                     |
| <input type="checkbox"/> Prepare work orders                    | <input type="checkbox"/> Pole inspection                                       |
| <input type="checkbox"/> Basic electricity                      | <input type="checkbox"/> Meter Reading   |
| <input type="checkbox"/> Tree trimming                          | <input type="checkbox"/> Collecting consumer accounts                          |
| <input type="checkbox"/> Brush clearing                         | <input type="checkbox"/> Handling consumer concerns                            |
| <input type="checkbox"/> Clearing machinery                     | <input type="checkbox"/> Connecting and disconnecting meters                   |
| <input type="checkbox"/> Material control                       | <input type="checkbox"/> Electrical mapping systems                            |
| <input type="checkbox"/> Perpetual inventory                    | <input type="checkbox"/> Load switching  |
| <input type="checkbox"/> Automotive maintenance                 | <input type="checkbox"/> Substation construction                               |
| <input type="checkbox"/> Painting and bodywork<br>on vehicles   | <input type="checkbox"/> Line construction                                     |
| <input type="checkbox"/> Electric and gas welding               | <input type="checkbox"/> Transformer bank                                      |
| <input type="checkbox"/> Hotline work, primary<br>and secondary | <input type="checkbox"/> Regulators, capacitors, breakers<br>and switches      |
|   | <input type="checkbox"/> Underground experience, (primary<br>and/or secondary) |

**EMPLOYMENT RECORD (Most recent employer first)**

<b>Dates</b>	<b>Name and Address of Employer</b>	<b>Job Title and Brief Description of Duties</b>	<b>Salary</b>	<b>Exact Reason f or Leaving</b>
From:			From:	
To:			To:	
Phone:		Supervisor:		May we contact them?
From:			From:	
To:			To:	
Phone:		Supervisor:		May we contact them?
From:			From:	
To:			To:	
Phone:		Supervisor:		May we contact them?

**Attach additional sheets if necessary.**

**PERSONAL REFERENCES (Not Former Employers, or Relatives)**

Name and Occupation	Address	Phone Number

**IMPORTANT! READ THIS:**

**CERTIFICATION**

**I CERTIFY THAT ALL INFORMATION PROVIDED IN SUPPORT OF MY EMPLOYMENT WITH THE COOPERATIVE, INCLUDING, BUT NOT LIMITED TO, THIS APPLICATION, RESUMES, MEDICAL INFORMATION, AND INFORMATION PROVIDED BY ME DURING INTERVIEWS, IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF RELEVANT FACTS IN SEEKING A POSITION WITH THE COOPERATIVE WILL RESULT IN MY DISMISSAL FROM EMPLOYMENT. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COOPERATIVE, AND I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF THE COOPERATIVE OR MYSELF. I FURTHER UNDERSTAND THAT NO PERSON IS AUTHORIZED TO MAKE ANY REPRESENTATION CONTRARY TO THE ABOVE STATEMENT UNLESS SUCH REPRESENTATION IS APPROVED BY THE BOARD OF DIRECTORS AND IS EMBODIED IN A WRITTEN AGREEMENT SIGNED BY THE PRESIDENT OR THE GENERAL MANAGER OF THE COOPERATIVE. I FURTHER UNDERSTAND THAT IF OFFERED EMPLOYMENT, I WILL BE REQUIRED TO TAKE A PHYSICAL EXAMINATION AND THAT SUCH EXAMINATION WILL INCLUDE BLOOD, BREATH, URINE, OR SALIVA TESTS TO DETERMINE THE PRESENCE OR USE OF ALCOHOL OR ILLEGAL CONTROLLED SUBSTANCES.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

# Lumbee River Electric Membership Corporation

## **Voluntary Self-Identification of Race, Ethnicity and Gender**

Lumbee River Electric Membership Corporation (hereinafter "the Cooperative") is subject to certain federal governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Cooperative invites applicants/employees to voluntarily self-identify their race, ethnicity and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported annually to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

### **ETHNICITY**

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, **regardless of race**.
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### **RACE**

- American Indian or Alaska Native (not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian (not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American (not Hispanic or Latino)** - A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races (not Hispanic or Latino)** - All persons who identify with more than one of the above five races.
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### **GENDER**

- Male
- Female
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Applicant's/Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If an employee declines to self-identify, employment records or observer identification may be used.