



EMPLOYMENT APPLICATION FOR COVERED POSITIONS

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Phone		E-mail Address				
Social Security #				Date of Application		
Position Applied for						
FOR UNION APPLICANTS: OPERATORS (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	/	/	202__
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.			
PREVIOUS THREE YEARS RESIDENCY						
Attach additional sheet if more space is needed.						
	Street	City	State	Zip code	# Years at Address	
Current Physical						
Current Mailing						
Previous						

Previous					
Previous					
Previous					

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed. **Certain positions require an employee to obtain a CDL within 30-days of hire.**

State	License Number	Type/Class	Endorsements	Expiration Date

Previously Held Licenses

If you do not hold a license, are you eligible and willing to obtain an Alaska Driver License (non-commercial)?

YES NO

If applying for a position which requires a CDL, are you eligible and willing to obtain an Alaska CDL (Commercial Driver License)?

YES NO

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Vac Truck, Bucket Truck, Tank, Flat, Etc.)	Date From	Date To	Approx. # of Miles (Total)

ACCIDENT RECORD FOR THE PAST 3 YEARS

Dates (List most recent first)	Nature of Accident (head-on, rear-end, upset, etc.)	# Fatalities	# Injuries	Chemical Spills (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed.

Date Convicted (Month/Year)	Violation	State of Violation	Penalty (Forfeited bond, collateral and or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? If yes, explain.

YES NO

Has any license, permit, or privilege ever been suspended or revoked? If yes, explain.

YES NO

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last **three (3) years**. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an **additional seven (7) years (for a total of ten (10) years)**.

Any gaps in employment in excess of **one (1) month** must be explained. Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information. **Use additional pages if necessary.** Indicate name under which employed if different than this application. If you are aware that a former employer is out of business, so state.

CURRENT (MOST RECENT) EMPLOYER

1 Company				Telephone			
Address				Supervisor			
Job Title			From Mo/Yr			To Mo/Yr	
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"/>
While employed here, were you subject to the Federal Motor Carrier Safety Regulations or Pipeline and Hazardous Materials Safety Regulations?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Ending Salary			Reason for Leaving				
Explain any gaps in employment (include month/year & reason.)							
2 Company				Telephone			
Address				Supervisor			
Job Title			From Mo/Yr			To Mo/Yr	
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"/>
While employed here, were you subject to the Federal Motor Carrier Safety Regulations or Pipeline and Hazardous Materials Safety Regulations?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Ending Salary			Reason for Leaving				
Explain any gaps in employment (include month/year & reason.)							
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Address				Supervisor			
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Ending Salary			Reason for Leaving					
Explain any gaps in employment (include month/year & reason.)								

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 NO

If yes, have you completed the return to work process?

YES NO **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.

School	Name & Location	Course of Study	Years Completed	Graduate		Degree Name
				Yes	No	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

MILITARY SERVICE

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

OTHER QUALIFICATIONS

Please list any other qualifications, certificates, or training, that you have and which you believe should be considered.

LANGUAGE PROFICIENCY

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

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 hereby authorize **Barrow Utilities and Electric Cooperative, Inc. (BUECI)** to investigate all statements contained in this application (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 including **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. I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. In the event of employment, **I understand that false or misleading information in my application or interview may result in my release.**

Applicant Signature		Date	
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BUECI is an equal opportunity employer.