



We're connected to You.

A Touchstone Energy® Cooperative 

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

Completion of information below is voluntary

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status.

To be completed by applicant on a *voluntary basis*. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is *STRICTLY VOLUNTARY*. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is greatly appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date _____

Name of person who referred you *if applicable* _____

APPLICANT INFORMATION

Name _____ Mobile _____ Phone _____

Address _____

City _____ State _____ Zip _____

Social Security # _____

If necessary, best time to call you at home is _____

May we contact you at work? _____

If yes, work number and best time to call (_____) _____

If you are under 18 and it is required, can you furnish a work permit? _____

If no, please explain _____

Have you submitted an application here before? _____

If yes, give date(s) _____

Have you ever been employed here before? _____

If yes, give dates(s) _____

Are you legally eligible for employment in this country? _____

Date available for work _____

Type of employment ___ full time ___ part-time ___ temporary ___ seasonal

Are you related to anyone here at JDEC? _____

If yes, how related? _____

Are you able to meet the attendance requirements of the position? _____

Will you work overtime if required? _____

If no, please explain _____

Have you ever been bonded? _____

Have you ever been convicted of a crime in the last seven (7) years? _____

If yes, please explain _____

Conviction will NOT necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer: _____ Phone _____

Address: _____

Job Title: _____ Supervisor: _____

Dates employed: _____

Start Rate of Pay _____ End Rate of Pay _____

Reason for leaving: _____

May we contact for reference: _____

Employer: _____ Phone _____

Address: _____

Job Title: _____ Supervisor: _____

Dates employed: _____

Start Rate of Pay _____ End Rate of Pay _____

Reason for leaving: _____

May we contact for reference: _____

Employer: _____ Phone _____

Address: _____

Job Title: _____ Supervisor: _____

Dates employed: _____

Start Rate of Pay _____ End Rate of Pay _____

Reason for leaving: _____

May we contact for reference: _____

EDUCATIONAL BACKGROUND

List the last three (3) schools attended, starting with the most recent, list number of years completed, indicate degree or diploma earned, if any and field of study.

School	Years Completed	Degree	Field of Study
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

REFERENCES

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three schools or personal references who are not related to you.

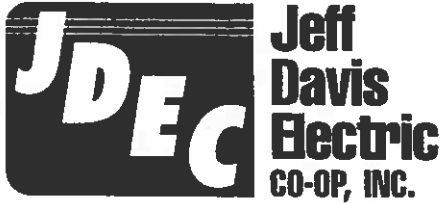
Name	Phone Number	Years Known
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ADDITIONAL INFORMATION


List professional, trade, business or civic associations and any offices held. Exclude memberships which would reveal sex, race, religion, national origin, age, disability or any other similarly protected status.

Organization	Offices Held
1. _____	_____
2. _____	_____
3. _____	_____

List special accomplishments, publications, awards, etc. Exclude memberships which would reveal sex, race, religion, national origin, age, disability or any other similarly protected status.



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RE: Drivers Privacy Protection Act (18 U.S.C. #2721 et seq.)

I am aware of the Driver's Protection Act, effective September 13, 1997, which prohibits a state department of motor vehicles from disclosing, or otherwise making available to any person, information about my personal motor vehicle record without my written consent.

I here by give my consent to request and review my State Department of Motor Vehicle Records (MVR). This is done as a condition of employment, and to obtain these records periodically during the term of my employment in order to comply with the company's loss control program.

Driver's License Number

Print Name

Signature

Date of Birth

Date