SAN BERNARD ELECTRIC COOPERATIVE, INC.

APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

309 West Main Street, Bellville. Texas 77418

The Cooperative, in accordance with federal, state, and local laws, does not discriminate on the basis of race, color, national origin, religion, sex, age (over 40), disability, genetic information, citizenship and immigration status, service members (past, present, and future service) including veterans, and protected hairstyle (including hair texture and natural hair types historically associated with race including but not limited to braids, locks, and twists) or any other status protected by law.
Rev.: August 2026

Note: Applicants may request any accommodation needed to participate in the application process.

Note: This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability.

(PLEASE PRINT) Date of Application _____

Name_____
(Last) (First) (Middle)

Address_____
(Street, City, State & Zip Code)

Telephone: (Check which preferred) **Email Address** _____

☐ Mobile _____ ☐ Business _____

Position Desired _____ Full-Time ☐ Part-Time ☐

Other:

Date Available _____

Have you ever applied for a position with us? Yes ☐ No ☐ If "yes," when? _____ Were you interviewed? _____

Have you ever been employed by us? Yes ☐ No ☐ If "yes," when? _____

Are you currently employed? Yes ☐ No ☐ If "yes", may we contact your employer? _____

EDUCATIONAL DATA

School	Print Name of School, City, and State	No. of Yrs. Completed	Degree	Major Course Of Study
High School				
College				
Graduate School				
Trade, Business, Night, or Corres.				
Other				

EMPLOYMENT HISTORY

In the following spaces, give a *complete* record of your employment, including periods of unemployment, if any. Begin with your most recent employment and work back in time. If additional space is needed, attach a supplementary sheet.

Employer	**Employed**	**Starting Position**
Address	**From _____Mo./Yr.**	**Last Position**
Telephone	**To _____ Mo./Yr.**	**Other Positions Held**
Starting Pay	**Final Pay**	**Immediate Supervisor**
Duties		
Reason for Leaving		

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Address	**From _____ Mo./Yr.**	**Last Position**
Telephone	**To _____ Mo./Yr.**	**Other Positions Held**
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Starting Pay	**Final Pay**	**Immediate Supervisor**
Duties		
Reason for Leaving		

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

(In responding to these inquiries, continue on a separate sheet if you require additional space.)

1. Have you ever been known by another name? We need this information to perform a complete check of work and education records. (An affirmative response will not automatically disqualify you from being considered for employment.) Yes ☐ No ☐

   If "yes," identify name(s) and relevant dates.

   _____

2. Have you ever been dismissed or forced to resign from any employment? Yes ☐ No ☐ (An affirmative response will not automatically disqualify you from being considered for employment.) If "yes," please explain.

   _____

   _____

OTHER SPECIAL SKILLS/QUALIFICATIONS

Describe any other special job-related skills or qualifications (e.g., military experience and training, computers, professional associations, licenses, etc.) which would be valuable to the position for which you are applying.

_____

_____

PROFESSIONAL REFERENCES

	NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE #
1				
2				
3				

MISCELLANEOUS INFORMATION

(In responding to these inquiries, continue on a separate sheet if you require additional space.)

1. If employment is offered, can you submit verification of your legal right to work in the U.S.?
   Yes ☐ No ☐
2. If employment is offered, can you produce personal identification establishing your identity?
   Yes ☐ No ☐
3. Are you over 18 years of age? Yes ☐ No ☐
4. Please review the job description of the job for which you are applying. Are you able, with or without reasonable accommodation, to perform all the essential functions of the job? Yes ☐ No ☐
   (A negative response will not automatically disqualify you from being considered for employment.)
5. Have you ever been convicted of a felony or pleaded guilty or "no contest" to a felony and/or received deferred adjudication? (An affirmative response will not automatically disqualify you from being considered for employment.) Yes ☐ No ☐ If "yes," please explain.

   _____

   _____
6. If you are applying for a position involving evening or weekend work, are you available to work at those times?
   Yes ☐ No ☐ (A negative response will not necessarily disqualify you from being considered for employment.)
7. Are you willing to work overtime as requested? Yes ☐ No ☐
   (A negative response will not necessarily disqualify you from being considered for employment.)
8. If you are applying for a position requiring driving while on duty, please identify the type, state, license number and expiration date of your driver's license and answer question nos. 9-12 below.

   _____
9. Have you ever been denied a license or permit to operate a motor vehicle? Yes ☐ No ☐
10. Have you ever had a license suspended or revoked? Yes ☐ No ☐
11. Have you been involved in a motor vehicle accident within the preceding five years? Yes ☐ No ☐
12. Have you been convicted or pleaded "no contest" to any violation of motor vehicle laws or ordinances within the past three years? Yes ☐ No ☐

    If the answer to any of the above question nos. 9-12 is "yes," please attach a statement giving details.

NEPOTISM POLICY

Individuals in close personal relationships with employees are considered for employment on the basis of their qualifications. However, to avoid perceived or actual conflicts including the appearance of favoritism, the Cooperative will not consider or accept applications for employment if hiring an individual in a close personal relationship with an employee would result in the types of prohibited relationships identified below.

The hiring of an individual in a close personal relationship with an employee is prohibited if the employment would result in the creation of:

a. A supervisor/subordinate relationship between the individual and the employee. If a direct supervisory or managerial relationship would be established, the individual may not be considered for an open position.

b. An actual conflict of interest or the appearance of a conflict of interest. Generally, this bars the hiring or employment of an individual in a close personal relationship with an employee within the same department at the same office location.

Please list the names of any relatives currently employed by the Cooperative:

_____

_____

_____

APPLICANT'S STATEMENT

READ THIS AGREEMENT THOROUGHLY AND CAREFULLY BEFORE SIGNING

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also understand and agree that any falsified information or significant omissions may disqualify me from further consideration for employment, and if discovered after I am hired, may result in dismissal. I also affirm that I am making this application because I am sincerely interested in being hired by the Cooperative and not for any other purpose.

I also understand that if employment is offered and accepted, such employment is not for any specified term and can be terminated at any time, with or without cause and with or without notice, by either the Cooperative or me. I further understand that this application is not, and is not intended to be, a contract of employment and that my at-will employment status cannot be changed except by a written document signed by the General Manager of the Cooperative. I further understand that no supervisor, manager, or other employee or representative of the Cooperative, other than the General Manager, has the authority to change the at-will nature of my employment and that any oral promises of employment for a definite period or statements that are otherwise contrary to my at-will status are not binding upon the Cooperative.

In consideration of my being considered for employment, I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability and responsibility all persons and businesses requesting or supplying such information.

I understand that if offered employment, I will be required to submit to a drug screening test as a condition of employment. I further understand that refusing to submit to a test, or test results showing any detectable amount of illegal drugs, will disqualify me from being considered for employment.

I understand and agree that if I am hired I am required to read and abide by all rules and regulations of the Cooperative governing the conduct of its employees, including the rules which prohibit the use or possession of illegal drugs, alcoholic beverages, firearms, or weapons of any kind in any office, work location, or facility of the Cooperative.

I understand that, during my employment, if the Cooperative has reasonable suspicion that I am under the influence of alcohol while at work, and if it appears that I am having difficulty performing my job safely or effectively due to the suspected use of alcohol, I may be required to submit to alcohol testing as a condition of continued employment. I also understand that drug screen tests may be performed on a reasonable suspicion, post-accident, periodic or random basis during my employment and that my refusal to submit to a drug or alcohol test may result in immediate dismissal.

I understand that, if I am offered employment, I may be required, as a condition of employment, to undergo a physical examination for the purpose of determining whether I am able to perform the essential functions of the job for which I am applying. I hereby authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of such job. I understand that refusing to submit to the physical examination may result in my not being considered for employment.

I understand that the Cooperative is a subscriber under the Texas Workers' Compensation Act.

If offered employment in a position which requires driving while on duty, I understand that being insurable by the Cooperative's automobile liability insurance carrier, or otherwise having a safe driving record (which includes keeping a valid driver's license); immediately reporting any accidents or traffic violations to the Cooperative; and satisfaction of Department of Transportation and State driving regulations, if applicable, are conditions of my employment or continued employment. If hired, I understand that should I fail to satisfy any of the above requirements, I may be subject to immediate job termination. I further understand that I may fail to meet these requirements due to traffic violations, regardless of fault, occurring on or off the job, before or during the term of employment.

I agree that if I am hired, I will not, during the term of my employment, become associated with or engage in any work or business that is directly or indirectly competitive with the Cooperative, or that otherwise conflict with the best interests of the Cooperative.

I represent and warrant to Cooperative that I am free to become employed by the Cooperative and that I have no obligations to any former employer or otherwise that would prevent me from being hired by the Cooperative. I further represent and agree that I have not and will not improperly disclose to the Cooperative any confidential business information, trade secrets, or proprietary information belonging to any former employer or other party ("Confidential Information"). Moreover, I agree that if I am employed by the Cooperative, I will not improperly disclose Confidential Information to which I gain access by virtue of my employment.

I certify that I am eligible for employment in the United States and that the documents I have furnished, or will furnish, to verify my identity and eligibility are true and correct. I further understand and agree that, if offered employment, I will have three days to submit such documents, and that failure to submit such documents within three days will result in withdrawal of the offer of employment or, if employment has begun, termination from employment.

_____ _____

Signature of Applicant Date

Note: This application will be retained for active consideration for employment until the position applied for is filled. After the position applied for is filled, you will need to complete a new application if you still wish to be considered for employment in positions that later become open.

FOR OFFICE USE ONLY

Interviewed By/Date	Interviewed By/Date