

**Star Telephone Membership Corporation**  
3900 North US 421 Highway  
Clinton, NC 28328-0348  
1(800)706-6538

Application for Employment

Note: Applicants applying for positions that require them to drive Cooperative vehicles must also fill out the Driver's Supplement Application for Employment.

This application will be considered only for the vacant position for which you are applying. To be considered for other vacant positions, a new application must be filed. The following information is requested in order to help us make the best possible placement within the Cooperative. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form.

*The Cooperative, in accordance with state and federal laws, does not discriminate on the basis of race, color, religion, sex (including pregnancy), national origin, age, disability, sickle cell, or hemoglobin C trait, genetic information, or veteran status.*

***Star Telephone Membership Cooperation is an Equal Opportunity Employer.***

**DATE:** [Click here to enter a date.](#)

**Position for which you are applying for:** \_\_\_\_\_

**Salary Expected:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Alternate #:** \_\_\_\_\_ **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Do you have the legal right to work in the United States? **YES**  **NO**

How were you referred to the Cooperative? \_\_\_\_\_

Are you a relative, either by blood\marriage, of any employee or Director of the Cooperative? **YES**  **NO**

Have you ever applied for a job with the Cooperative? **YES**  **NO**

If yes, When and Where? \_\_\_\_\_

Have you ever worked at the Cooperative before? **YES**  **NO**

If yes, When and Where? \_\_\_\_\_

Are you at least Eighteen (18) years of age? **YES**  **NO**

The Following Questions should be answered only if the BOX next to the Question is marked.

### **Education**

Did you receive a *High School Diploma*? YES  NO

If yes, please complete High School information below

**High School:** \_\_\_\_\_ **Year of Graduation:** \_\_\_\_\_

**High School Address:** \_\_\_\_\_

If no, have you taken as well as completed a *GED Program*? YES  NO

Do you have an *Undergraduate* degree? YES  NO

If yes, please complete University information below

**University Name:** \_\_\_\_\_ **Year of Graduation:** \_\_\_\_\_

**University Address:** \_\_\_\_\_

**Degree of Study:** \_\_\_\_\_

### **Professional and Managerial**

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

### **Clerical and Secretarial**

Place one check for knowledgeable of or place two checks for experience

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <input type="checkbox"/> 10-Key           | <input type="checkbox"/> <input type="checkbox"/> Internet        | <input type="checkbox"/> <input type="checkbox"/> Payroll       |
| <input type="checkbox"/> <input type="checkbox"/> A\R and\or A\P\  | <input type="checkbox"/> <input type="checkbox"/> Load Management | <input type="checkbox"/> <input type="checkbox"/> PBX System    |
| <input type="checkbox"/> <input type="checkbox"/> Amipro           | <input type="checkbox"/> <input type="checkbox"/> Lotus           | <input type="checkbox"/> <input type="checkbox"/> Proofreading  |
| <input type="checkbox"/> <input type="checkbox"/> Customer Service | <input type="checkbox"/> <input type="checkbox"/> MS Windows (PC) | <input type="checkbox"/> <input type="checkbox"/> Typing ___wpm |
| <input type="checkbox"/> <input type="checkbox"/> Data Entry       | <input type="checkbox"/> <input type="checkbox"/> MS Excel        |   |
| <input type="checkbox"/> <input type="checkbox"/> Email            | <input type="checkbox"/> <input type="checkbox"/> MS Word         |   |
| <input type="checkbox"/> <input type="checkbox"/> Fax Machine      | <input type="checkbox"/> <input type="checkbox"/> Networking      |   |

### **Trades, Crafts, and Technical**

Place one check for knowledgeable of or place two checks for experience

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Warehousing                | <input type="checkbox"/> <input type="checkbox"/> Hotline work, primary and secondary | <input type="checkbox"/> <input type="checkbox"/> Connecting and disconnecting meters                |
| <input type="checkbox"/> <input type="checkbox"/> Computer Inventory Methods | <input type="checkbox"/> <input type="checkbox"/> Electrical Safety                   | <input type="checkbox"/> <input type="checkbox"/> Electrical mapping systems                         |
| <input type="checkbox"/> <input type="checkbox"/> Lay out work orders        | <input type="checkbox"/> <input type="checkbox"/> Radio communication and operation   | <input type="checkbox"/> <input type="checkbox"/> Load switching                                     |
| <input type="checkbox"/> <input type="checkbox"/> Prepare Work Orders        | <input type="checkbox"/> <input type="checkbox"/> Pole inspection                     | <input type="checkbox"/> <input type="checkbox"/> Substation construction                            |
| <input type="checkbox"/> <input type="checkbox"/> Basic electricity          | <input type="checkbox"/> <input type="checkbox"/> Load Management systems             | <input type="checkbox"/> <input type="checkbox"/> Line Construction                                  |
| <input type="checkbox"/> <input type="checkbox"/> Tree Trimming              | <input type="checkbox"/> <input type="checkbox"/> Meter reading                       | <input type="checkbox"/> <input type="checkbox"/> Transformer banks                                  |
| <input type="checkbox"/> <input type="checkbox"/> Brush clearing             | <input type="checkbox"/> <input type="checkbox"/> Collecting consumer concerns        | <input type="checkbox"/> <input type="checkbox"/> Regulators, capacitors, breakers and switches      |
| <input type="checkbox"/> <input type="checkbox"/> Clearing machinery         | <input type="checkbox"/> <input type="checkbox"/> Handling consumer concerns          | <input type="checkbox"/> <input type="checkbox"/> Underground experience, (primary and\or secondary) |
| <input type="checkbox"/> <input type="checkbox"/> Material control           |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Perpetual inventory        |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Automotive maintenance     |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Painting and bodywork      |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Electric and gas welding   |   |  |

**Employment Record**

*(Most recent Employer first)*

**Employer's Name:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **From:** [Click here to enter a date.](#) **To:** [Click here to enter a date.](#)

**Salary:** \_\_\_\_\_ **May we Contact Employer? YES**  **NO**

*Brief Description of Duties\Responsibilities:*

\_\_\_\_\_

Exact Reason for Leaving?

\_\_\_\_\_

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**Employer's Name:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **From:** [Click here to enter a date.](#) **To:** [Click here to enter a date.](#)

**Salary:** \_\_\_\_\_ **May we Contact Employer? YES**  **NO**

*Brief Description of Duties\Responsibilities:*

\_\_\_\_\_

Exact Reason for Leaving?

\_\_\_\_\_

-----  
**Employer's Name:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **From:** [Click here to enter a date.](#) **To:** [Click here to enter a date.](#)

**Salary:** \_\_\_\_\_ **May we Contact Employer? YES**  **NO**

*Brief Description of Duties\Responsibilities:*

\_\_\_\_\_

Exact Reason for Leaving?

\_\_\_\_\_

## **Personal References**

*(Not Former Employers or Relatives)*

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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

**License #:** \_\_\_\_\_ **State:** \_\_\_\_\_ **License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**License #:** \_\_\_\_\_ **State:** \_\_\_\_\_ **License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

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

**License #:** \_\_\_\_\_ **State:** \_\_\_\_\_ **License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**License #:** \_\_\_\_\_ **State:** \_\_\_\_\_ **License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying for with or without reasonable accommodation? **YES**  **NO**

If you are selected for employment, on what date can you start work? [Click here to enter a date.](#)

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, ancestry, age, disability, veteran status or union affiliations.)*

\_\_\_\_\_

Apart from absence for religious observation, are you available to work from 8am to 5pm 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 power (electricity) theft or power diversion? **YES**  **NO**

If yes, give details, including jurisdiction (state and county) where such conviction occurred.

\_\_\_\_\_

**Important!!!! Please 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 employment will result in my disqualification from further consideration or 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 EXECUTIVE VICE PRESIDENT and 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 salvia tests to determine the presence or use of illegal controlled substances.

**Applicant's Digital Signature:** \_\_\_\_\_

**Date:** [Click here to enter a date.](#)

SUBMIT