

**Star Telephone Membership Corporation**  
**3900 North U.S. 421 Highway**  
**Clinton, North Carolina 28328-0348**  
**1-800-706-6538**

**APPLICATION FOR EMPLOYMENT**

Form 107

Date: \_\_\_\_\_

Note: Applicants applying for positions that require them to drive Cooperative vehicles must also fill out the Driver's Supplemental 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 CORPORATION IS AN EQUAL OPPORTUNITY EMPLOYER.**

**PLEASE PRINT**

Position for which you are applying (be specific): \_\_\_\_\_

Salary Expected: \$ \_\_\_\_\_ per \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
(Street)

\_\_\_\_\_ Alternate No.: \_\_\_\_\_  
(City) (State) (Zip)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 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 or 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? \_\_\_\_\_

Have you ever worked at the Cooperative before?  Yes  No  
If yes, when? \_\_\_\_\_

Are you at least eighteen years of age?  Yes  No

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, ancestry, age, disability, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work after hours call-out duty and on-call assignments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been convicted of a felony? Yes  
No  
 If yes, give details, including jurisdiction (state and county) where such conviction occurred.  No

*(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

School Name	Address	No. of Years Attended	Degree	Major
High				
College				
Other				
Courses now studying				

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## 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.

10-Key	Internet	Network Software
A/R and/or A/P	Load Management	Payroll System
Amipro	Lotus	PBX System
Customer Service	Microsoft Excel	Personal Computer
Data Entry	Microsoft Windows	Proofreading
E-Mail	Microsoft Word	Typing_____wpm
Fax Machine		

## TRADES, CRAFTS, AND TECHNICAL APPLICANTS ONLY

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

Warehousing	Electric and gas welding
Computer inventory methods	Hotline work, primary and secondary
Lay out work orders	Electrical hand tools
Prepare work orders	Electrical safety
Basic electricity	
Tree trimming	
Brush clearing	
Clearing machinery	
Material control	
Perpetual inventory	
Automotive maintenance	
Painting and bodywork on vehicles	

Radio communication and operation  
Pole inspection  
Load management systems  
Meter reading  
Collecting consumer accounts  
Handling consumer concerns  
Connecting and disconnecting meters  
Electrical mapping systems  
Load switching  
Substation construction  
Line construction  
Transformer banks  
Regulators, capacitors, breakers and switches  
Underground experience, (primary and/or secondary)

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

Dates	Name and Address of Employer	Job Title and Brief Description of Duties	Salary	Exact Reason for Leaving
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
Phone:				
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
Phone:				
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
Phone:				

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 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 SALIVA TESTS TO DETERMINE THE PRESENCE OR USE OF ALCOHOL OR ILLEGAL CONTROLLED SUBSTANCES.**

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Digital Signature of Applicant

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Date

*Please submit applications along with resume to [careers@stmc.net](mailto:careers@stmc.net)*



**Star Telephone Membership Corporation**  
**PO Box 348, Clinton, North Carolina 28329**  
**(910) 564-7757**

## **FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION**

### **DISCLOSURE**

In considering you as an applicant for employment or as a current employee, we may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business that, on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

### **AUTHORIZATION**

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure consumer reports at any time during the employment period.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed)

**FOR EMPLOYER'S USE ONLY**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT REFERENCE CHECK**

Employer	Person Contacted	Date	Results
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCE CHECK**

Person	Date	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACTION**

No Action

Interview - No Position Offered

Position Offered

Date: \_\_\_\_\_

Position: \_\_\_\_\_

Date Accepted: \_\_\_\_\_