Wharton County Electric Cooperative, Inc.

Revised: 05/25/2023

1815 E. Jackson St. PO Box 31 El Campo Texas 77437 Office: 979-543-6271 Fax: 979-543-6259

Today's Date	Position(s) Applied for							
Last Name	First Name	Middle	e Name	Maiden/Former Names				
Address		City St		Zip Code				
Telephone Number	Email	Address						
()								
Previous Addresses List addresses for the Last Three Years								
Address	City		State	Zip Code				
Address	City		State	Zip Code				
Address	City		State	Zip Code				
Past Employment Do Not Leave Any Blanks								
Fill out this section in its entirety. List your current or most recent employer first. Account for employment experience for past the past 10 years,								
including military service.								
Previous Employer		A 11						
Company Name:	Address: State: Zip Code:							
City: Telephone Number:	Position Held:		Immediate Supervisor's Nam	e and Contact Number:				
()			-					
Starting Date:	Ending Date:		Starting Rate:	Ending Rate:				
Describe Duties:	•							
Reason for leaving;								
Was your position subject	to the FMCSR's? Was y	our position subject to I	DOT alcohol & controlled sub	stance testing?				
Previous Employer								
Company Name:		Address:						
City:	State:		Zip Code:					
Telephone Number:	Position Held:		Immediate Supervisor's Name and Contact Number:					
()								
Starting Date:	Ending Date:		Starting Rate:	Ending Rate:				
Describe Duties:								
Reason for leaving:								
Was your position subject	to the FMCSR's? Was y	our position subject to I	DOT alcohol & controlled sub	stance testing?				
Previous Employer								
Company Name: Address:								
City:	State:							
Telephone Number:	Position Held:		Immediate Supervisor's Nam	e and Contact Number:				
()			G. d. D.	E. C. D.				
Starting Date:	Ending Date:		Starting Rate:	Ending Rate:				
Describe Duties:								
Reason for leaving:								
Was your position subject to the FMCSR's? Was your position subject to DOT alcohol & controlled substance testing?								

MVR Information		Answer All Questions-Leave No Blanks				
Driving Experience:						
Valid driver's license number and issuing state				Class	Expires	
List states opera	ated in for the last three years					
Has your license	e ever been revoked/suspended	? Yo	es N	o		
If yes, please ex	plain					
Class of Equip	oment	Type of Equipment		Dates		
1		(Van, Tank, Flat, Etc.)	From	То	Number of Total Miles	
		Leave No Blanks	L	eave No Blanks	Leave No Blanks	
Straight Truck	_					
Tractor & Semi-Trailer						
Tractor-Two Tra	-					
Motor coach-Sc	chool Bus					
Other			1			
Restrictions			(If no	driver's license, please ch	eck none) None	
Endorsements				_		
List All Accide	ents for the past 3 years. If	there are not any accidents to	report, then	write "NONE".		
1. Date		Loc	ation			
Describe						
2. Date		Loc	ation			
Describe						
3. Date		Loc	ation			
Describe						
List All Traffi	ic Citations for the past 3 ve	ears, including the above repo	rted vehicle a	accidents Write "NON	E" if none to report	
1. Date	e chanons for the past 5 ye		ation	icements. Write 11011	e ij none to report.	
Describe						
2. Date		Loc	ation			
Describe						
3. Date		Loc	ation			
Describe						
	ol/Dung Polated Duiving Of	fenses (DWI, DUI, Etc.) Write	· "NONE" ;	Suava to vanaut		
	n/Drug Keiaiea Driving Oj		•	none to report.		
 Date Describe 			ation			
2. Date			ation			
Describe						
	JICTODV. Have you aver b	peen convicted, plead guilty, or	aggantad dat	formad adjudication as a	regult of any misdemeaner or	
		state, federal or military court		NO	result of any finishermeanor of	
Education:	High School:				# of years:	
Education.	_	GED Trade School:			# of years:	
I CERTIFY THIS APPLICATION WAS COMPLETED BY ME, AND ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND						
	O THE BEST OF MY KNO				- · · · ·	
	. 37					
Applicant Print	t Name:		_			
Applicant Signature:				Date Signed:		

Email Application to Selena.delapena@mywcec.coop