



Wharton County Electric Cooperative, Inc.

1815 E. Jackson St. | PO Box 31 El Campo, TX 77437

Office: 979-543-6271 | Fax: 979-543-6259

****Please complete each section EVEN IF you attach a resume. ****

Date:	Position(s) Applied for:
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PERSONAL DATA			
Name (last, first, middle)			
Street Address and/or Mailing Address		City	State Zip
Email Address	Cellular Telephone Number	Do you have a High School Diploma or GED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

POSITION INFORMATION
Are you authorized to work in the U.S. on an unrestricted basis? <input type="checkbox"/> YES <input type="checkbox"/> NO*
Have you ever been convicted, plead guilty, or accepted deferred adjudication as a result of any misdemeanor or felony criminal charge filed against you in state, federal, or military court? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If YES, please explain:
Have you viewed a copy of the job description listing the essential functions of the job? <input type="checkbox"/> YES <input type="checkbox"/> NO Can you perform these essential functions of the job with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please explain:
Are you related to any current WCEC employee or board member? <input type="checkbox"/> YES <input type="checkbox"/> NO *If YES, list name and relationship:
Have you had any motor vehicle accidents during the past three years? <input type="checkbox"/> YES <input type="checkbox"/> NO *If YES, how many?
Have you had any moving violations during the past three years? <input type="checkbox"/> YES <input type="checkbox"/> NO *If YES, how many?

EDUCATION
Name of High School: _____ Address: _____ City/State: _____
COLLEGE: _____ Address: _____ City/State: _____ Degree: _____
Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO Dates attended from: _____ Dates attended to: _____
Other: _____ Address: _____ City/State: _____
Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO Dates attended from: _____ Dates attend to: _____

WORK HISTORY <i>Start with your present or most recent employment and work back.</i>
Previous Employer
Company Name:
Address:
City: State: Zip Code:
Telephone Number: Position Held: Immediate Supervisor Name and Contact Number:
()
Starting date: Ending Date: Starting rate: Ending Rate:
Describe duties:
Reason for leaving:
May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO



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WORK HISTORY (continued) Start with your present or most recent employment and work back.

Previous Employer

Company Name:		Address:	
City:	State:	Zip Code:	
Telephone Number:	Position Held:	Immediate Supervisor Name and Contact Number:	
()			
Starting date:	Ending Date:	Starting rate:	Ending Rate:
Describe duties:			
Reason for leaving:			

Previous Employer

Company Name:		Address:	
City:	State:	Zip Code:	
Telephone Number:	Position Held:	Immediate Supervisor Name and Contact Number:	
()			
Starting date:	Ending Date:	Starting rate:	Ending Rate:
Describe duties:			
Reason for leaving:			

REFERENCES

Please list three professional references not related to you, with full name, address, phone number, and relationship.

Name	Address/City/State	Phone #	Relationship

SPECIAL SKILLS

List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.)

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the employment at WCEC is at-will based on the employment at-will relationship, termination may be initiated by the employee or the Cooperative at any time with or without cause, reason, or notice.

SIGNATURE _____ **DATE** _____

PRINT NAME _____