



**MID-OHIO ENERGY
COOPERATIVE, INC.**

A Touchstone Energy[®]
Cooperative 

APPLICATION FOR EMPLOYMENT

Application revised September 2021

Mid-Ohio Energy is an equal opportunity employer and will not discriminate against applicants or employees on the basis of race, color, religion, national origin, ancestry, age, sex, pregnancy (including childbirth or related medical conditions), disability, genetic information, sexual orientation, gender identity, military status, citizenship, or any other class protected by applicable law.

Please print and attach a resume

Name: _____
(First) (Middle) (Last)

Current Address: _____
(Street)

(City) (State) (Zip) (Length of time at address)

Address(es) for the past 3 years *(Attach additional sheet if more space is needed):*

(Street) (City) (State) (Zip) (Length of time at address)

(Street) (City) (State) (Zip) (Length of time at address)

Phone Number: _____ **E-Mail:** _____

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____ / _____ / _____

How were you referred to the Cooperative? _____

Position applied for: _____

Date available to begin work: _____ **Desired salary:** _____

Are you available to work from 7:30 a.m. to 4:00 p.m., Monday through Friday? Yes No

Are you willing to work after hours call-out duty and on-call assignments including weekends and holidays? Yes No

Are you legally authorized to work in the United States? Yes No

If hired, Mid-Ohio Energy will require proof of eligibility to work in the United States, as required by law.

Are you at least eighteen years of age? Yes No

Have you ever applied for a job with the Cooperative? Yes No

If yes, specify the date(s): _____

Have you ever been previously employed by the Cooperative? Yes No

If yes, specify the date(s) and the position(s) held: _____

Are you able to perform the essential functions of the position for which you are applying with or without a reasonable accommodation? Yes No

(If you would like a list of job functions for the position for which you have applied, please speak to the Human Resources Department)

Excluding any conviction that has been sealed or expunged and any minor traffic offenses, have you ever plead guilty to a crime, been convicted of a crime, or received a verdict of anything other than "not guilty" in any criminal investigation or proceeding? Yes No

If yes, please indicate date and explain the nature of crime. Please also provide any extenuating circumstances or other information, such as rehabilitation since conviction that would enable Mid-Ohio Energy to determine your fitness for the job:

Have you ever been terminated from a job due to misconduct or wrongdoing? Yes No

If yes, please explain: _____

Education

School name and state located	Number of years attended	Degree <i>(If Any)</i>	Major

Are you currently taking any courses? Yes No

If yes, list courses: _____

Employment Record

A minimum of 3 years (10 years if applying for a position that requires a commercial driver's license). The information provided in this section may be used for the purpose of investigating your work history and previous employers listed here may be contacted. Attach additional sheets if more space is needed.

Current (most recent) employer:

Employer name: _____ Phone number: _____

Address: _____

Position held: _____ From (mo/yr): _____ To (mo/yr): _____

Reason for leaving: _____ Salary: _____

Explain any gaps in employment: _____

While employed here, were you subject to Federal Motor Carrier Safety Regulations? Yes No

Was the job designated as a safety-sensitive function in any Department of Transportation regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? Yes No

Second (most recent) employer:

Employer name: _____ Phone number: _____

Address: _____

Position held: _____ From (mo/yr): _____ To (mo/yr): _____

Reason for leaving: _____ Salary: _____

Explain any gaps in employment: _____

While employed here, were you subject to Federal Motor Carrier Safety Regulations? Yes No

Was the job designated as a safety-sensitive function in any Department of Transportation regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? Yes No

Third (most recent) employer:

Employer name: _____ Phone number: _____

Address: _____

Position held: _____ From (mo/yr): _____ To (mo/yr): _____

Reason for leaving: _____ Salary: _____

Explain any gaps in employment: _____

While employed here, were you subject to Federal Motor Carrier Safety Regulations? Yes No

Was the job designated as a safety-sensitive function in any Department of Transportation regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? Yes No

References

Please list 2 individuals who are familiar with your work, but are not relatives or former employers

Name and occupation	Address	Phone number

Current Driver's License

Driver's license number	State	Type	Expiration date

Previously held licenses

(Applicants with a commercial driver's license only)

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed above. If applying for a position that requires a commercial driver's license, include all licenses held for the past 3 years; attach additional sheets if needed.

Driver's license number	State	Type	Expiration date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If yes, please explain: _____

Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes, please explain: _____

Driving Experience

Class of equipment	Type of equipment <i>(Van, Tank, Flat, Etc.)</i>	Dates		Approximate number of miles <i>(Total)</i>
		To	From	
Straight truck				
Tractor & semi-trailer				
Tractor-two trailers				
Other				

Accident record for the past 3 years
(Attach additional sheet if more space is needed)

Date <i>(Starting with most recent)</i>	Nature of accident <i>(Head-On, Rear-End, Upset, Etc.)</i>	Fatalities	Injuries
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic convictions (other than parking violations) & forfeitures for the past 3 years
(Attach additional sheet if more space is needed)

Location	Date	Charge	Penalty

Pre-employment drug and alcohol questionnaire

Within the last 3 years, have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work? Yes No

If yes, have you successfully completed the return-to-duty process? Yes No

Applicant Statement

I authorize Mid-Ohio Energy to investigate all statements in this application and to secure any appropriate information from all of my employers and references, except as I have otherwise indicated on this application. I hereby release all of those employers, references, and Mid-Ohio Energy from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Mid-Ohio Energy.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I understand that any offer of employment is contingent upon receipt of a satisfactory check of my academic credentials, employment references, credit check, criminal history check, driving history check, and physical examination, which will include a blood, breath, urine, or saliva test to determine the presence of alcohol and/or illegal or controlled substances.

I further understand that any false or misleading statements or material omissions will be sufficient cause for rejection of my application or termination of my employment.

I understand that nothing in this employment application is intended to create an employment contract between Mid-Ohio Energy and me. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Mid-Ohio Energy unless it is made in writing and signed by the Chairman or the President & CEO of the Cooperative. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason. I also understand that Mid-Ohio Energy retains the right to terminate my employment at any time for any reason, consistent with applicable law.

I hereby acknowledge that I have read and understand this Applicant Statement.

Signature of Applicant

Date

FOR EMPLOYER'S USE ONLY

Interviewed by: _____

Date: _____

Comments: _____

SAFETY PERFORMANCE HISTORY FOR CDL DRIVERS

Inquiry must be sent to employers for previous 3 years for safety performance history on all CDL drivers

Employer	Person Contacted	Date inquiry for safety performance history sent	Results

PERSONAL REFERENCE CHECK

Person	Date	Comments

ACTION

No Action Interviewed, no position offered Interviewed, position offered

If position offered, date of offer : _____ Position offered: _____

Offer accepted: Yes No If accepted, start date: _____ Pay rate: _____