



# Jemez Mountains Electric Cooperative, Inc.

Your Touchstone Energy® Cooperative 

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## EMPLOYMENT APPLICATION

### Notice to Any Person Seeking Employment with JMEC

- Those applicants requiring reasonable accommodations for the hiring process should notify a representative of the Human Resources Department.
- You must complete the entire application even if you have attached/submitted a resume.
- You must sign and date on the back of the application.
- You may attach a resume to the completed application, if applicable.

#### EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of Jemez Mountains Electric Cooperative, Inc. (JMEC) to be an Equal Opportunity Employer. The Cooperative affords employment to those qualified persons without regard to race, color, religious creed, sex, spousal affiliation, age, national origin or ancestry, physical disability, mental disability, medical condition, Vietnam-era or disabled veteran status, military service, sexual orientation, gender identity or any other basis protected by federal or state law.

JMEC Board of Trustee Policy No. 123 prohibits nepotism in any form and the existence of any real or perceived conflicts of interest. Specifically, Policy No. 123 prohibits the employment of "Close Relatives" of the General Manager, managers, directors or of any employee working in the Human Resources area of JMEC. A "Close Relative" is defined as the spouse, child, sibling, parent or guardian, aunt, uncle, nephew, niece, grandchild, or grandparent, parents-in-law, step-parents and brother and sister-in-law, and includes these relationships whether created by marriage, domestic partnership or co-habitation.

Additionally, Policy No 123 is applicable to any "Personal Relationship" that creates a conflict of interest or the appearance of a conflict of interest. A "Personal Relationship" includes, but is not limited to, any romantic, sexual or other special relationship that creates an actual conflict or the appearance of a conflict of interest.

#### PRE-EMPLOYMENT EXAMINATIONS

To ensure the continued health and safety of all employees and members of JMEC, applicants who have been given an offer for employment, may be required to complete a physical examination. All applicants who have been given an offer for employment will be required to submit a pre-employment drug test for illegal drugs. Employment may be contingent upon satisfactory completion of a physical examination and a negative drug test. The examination and testing are conducted by an JMEC designated physician at no cost to the applicant. The physical examination will ensure the applicant can perform the essential physical requirements of position.

<b>Position applied for:</b> _____	<b>Date of Application:</b> _____
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Name (Last, First, Middle):		Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip	
Social Security Number	Home Phone	Work Phone	Other Phone
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you over 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, what is your current age?
Are you currently employed at JMEC?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, what is your current job title & department?

Have you ever been employed by JMEC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, date of employment & reason for leaving:	
Are you related to any current employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, identify their name and position at JMEC & describe how they are related to you:	
Are you a "Close Relative" of the General Manager, managers, directors or any employee working in JMEC's Human Resources area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, identify their name and position at JMEC & their relationship to you:	
Do you have a "Personal Relationship" with any non-related employee of JMEC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, identify their name and position at JMEC & describe the nature of their relationship with you:	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of Issuance, license # & expiration date:	
Have you had your driver's license suspended or revoked in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please provide details:	
How did you learn about this employment opportunity at JMEC?		Check all that apply:	<input type="checkbox"/> Ad in newspaper
<input type="checkbox"/> Job Bulletin (Posting)	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Dept. of Labor	<input type="checkbox"/> Website
<input type="checkbox"/> Referral by employee	<input type="checkbox"/> Other: <i>Lineman in the trade</i>		

## WORK PREFERENCE

Position applying for: \_\_\_\_\_ Date available for work: \_\_\_\_\_

Type of employment desired  Full-time  Part-time  Temporary  Seasonal

WILL YOU RELOCATE IF JOB REQUIRES IT?  Yes  No

Will you travel if job requires it?  Yes  No

Are you able to meet the attendance requirements of the position?  Yes  No

Will you work overtime (more than 40 hours in a week) if needed?  Yes  No

## EDUCATION

High School:	City/State:		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College/Technical School/Other City/State	# of Years	Course of Study	Degree, diploma, certificate
Other job-related educational institutions, licenses, certifications, etc.			

## EMPLOYMENT HISTORY

Please give accurate, complete, full-time and part-time employment record. Start with present or most recent employer.

1	Company Name		Telephone			
	Address			Employed (Month/Year)		
			From		To	
	Name of Supervisor			Weekly Pay		
			Start		Last	
	Job Title & Describe Work					
2	Company Name		Telephone			
	Address			Employed (Month/Year)		
			From		To	
	Name of Supervisor			Weekly Pay		
			Start		Last	
	Job Title & Describe Work					
3	Company Name		Telephone			
	Address			Employed (Month/Year)		
			From		To	
	Name of Supervisor			Weekly Pay		
			Start		Last	
	Job Title & Describe Work					
4	Company Name		Telephone			
	Address			Employed (Month/Year)		
			From		To	
	Name of Supervisor			Weekly Pay		
			Start		Last	
	Job Title & Describe Work					

**SPECIAL SKILLS**

What skills or additional training do you have that are related to the job for which you are applying?

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What machines or equipment can you operate that are related to the job for which you are applying?

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List professional, trade, business or civic activities and offices held.

(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

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**REFERENCES**

Give below the names of three persons not related to you, whom you have known at least one year, and can comment on your work experience.

1	Name	Address & Phone Number	Business	Years Acquainted
2	Name	Address & Phone Number	Business	Years Acquainted
3	Name	Address & Phone Number	Business	Years Acquainted

**AFFIDAVIT PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and other. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I also understand and consent to a full criminal background check if offered employment with JMEC.

I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment. I further agree that if I am employed by JMEC, JMEC may, at its discretion, and in accordance with its policies and procedures, require me to submit to a drug and/or alcohol screening examination at any time while on the job during my employment. I further agree that a finding of the presence of a prohibited substance will constitute grounds for denial of employment or, if the procedure is administered following my employment by JMEC, the presence of any such substance will be sufficient cause for disciplinary sanctions up to and including termination of employment with JMEC, as will be refusal on my part to submit to such examination when requested by JMEC. I further agree and consent to the release of all medical test results to the management of JMEC and expressly consent to the use of such information by JMEC to the extent necessary to establish a claim or defense in any controversy between JMEC and me.

**I UNDERSTAND THAT THIS APPLICATION FOR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

**I HAVE READ, UNDERSTAND AND BY MY SIGNATURE CONSENT TO THESE STATEMENTS.**

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

**FOR EMPLOYER'S USE ONLY**

**REFERENCES**

EMPLOYER	PERSON CONTACTED	RESULTS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**INTERVIEWER NAME AND COMMENTS**

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\_\_\_\_\_  
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**PERSONNEL OFFICE USE ONLY**

INTERVIEW BY 1. \_\_\_\_\_ DATE \_\_\_\_\_  
2. \_\_\_\_\_ DATE \_\_\_\_\_  
3. \_\_\_\_\_ DATE \_\_\_\_\_

HIRED?  YES  NO      DATE OF EMPLOYMENT \_\_\_\_\_

JOB TITLE \_\_\_\_\_ DEPT \_\_\_\_\_      RATE OF PAY \$ \_\_\_\_\_