

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

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
If yes, when? _____ No

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

Are you at least eighteen years of age? Yes
 No

Position for which you are applying (be specific): _____

Salary Expected: \$ _____ per _____

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

Have you ever been convicted of a felony? Yes
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
If yes, give details, including jurisdiction (state and county) where such conviction occurred. No

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
<input type="checkbox"/> High				
<input type="checkbox"/> College				
<input type="checkbox"/> Other				
<input type="checkbox"/> Courses now studying				

PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY

List special training or noteworthy achievements. Please attach your resume.

CLERICAL AND SECRETARIAL APPLICANTS ONLY

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

- | | | |
|---|--|--|
| <input type="checkbox"/> 10-Key | <input type="checkbox"/> Internet | <input type="checkbox"/> Network Software |
| <input type="checkbox"/> A/R and/or A/P | <input type="checkbox"/> Load Management | <input type="checkbox"/> Payroll System |
| <input type="checkbox"/> Amipro | <input type="checkbox"/> Lotus | <input type="checkbox"/> PBX System |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Personal Computer |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Microsoft Windows | <input type="checkbox"/> Proofreading |
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Typing ___ wpm |
| <input type="checkbox"/> Fax Machine | | |

TRADES, CRAFTS, AND TECHNICAL APPLICANTS ONLY

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

- | | |
|--|---|
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Radio communication and operation |
| <input type="checkbox"/> Computer inventory methods | <input type="checkbox"/> Pole inspection |
| <input type="checkbox"/> Lay out work orders | <input type="checkbox"/> Load management systems |
| <input type="checkbox"/> Prepare work orders | <input type="checkbox"/> Meter reading |
| <input type="checkbox"/> Basic electricity | <input type="checkbox"/> Collecting consumer accounts |
| <input type="checkbox"/> Tree trimming | <input type="checkbox"/> Handling consumer concerns |
| <input type="checkbox"/> Brush clearing | <input type="checkbox"/> Connecting and disconnecting meters |
| <input type="checkbox"/> Clearing machinery | <input type="checkbox"/> Electrical mapping systems |
| <input type="checkbox"/> Material control | <input type="checkbox"/> Load switching |
| <input type="checkbox"/> Perpetual inventory | <input type="checkbox"/> Substation construction |
| <input type="checkbox"/> Automotive maintenance | <input type="checkbox"/> Line construction |
| <input type="checkbox"/> Painting and bodywork on vehicles | <input type="checkbox"/> Transformer banks |
| <input type="checkbox"/> Electric and gas welding | <input type="checkbox"/> Regulators, capacitors, breakers and switches |
| <input type="checkbox"/> Hotline work, primary and secondary | <input type="checkbox"/> Underground experience, (primary and/or secondary) |
| <input type="checkbox"/> Electrical hand tools | |
| <input type="checkbox"/> Electrical safety | |

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:	
Phone:		Supervisor:		May we contact them?
From:			From:	
To:			To:	
Phone:		Supervisor:		May we contact them?
From:			From:	
To:			To:	
Phone:		Supervisor:		May we contact them?

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.

Signature of Applicant

Date



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
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PERSONAL REFERENCE CHECK

Person	Date	Comments
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ACTION

No Action

Interview - No Position Offered

Position Offered

Date: _____

Position: _____

Date Accepted: _____