



NORTHEAST TEXAS POWER, Ltd.

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APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____ SOCIAL SECURITY # _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE/ZIP

MAILING ADDRESS _____
STREET CITY STATE/ZIP

PHONE NUMBER _____ CELL PHONE _____

DRIVERS LICENSE # _____ REFERRED BY _____

DO YOU HAVE A CDL? _____

EMPLOYMENT DESIRED

POSITION _____ DATE AVAILABLE _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? YES _____ NO _____

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES _____ NO _____

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES _____ NO _____

IF YES, WHEN? _____

DO YOU HAVE ANY RELATIVES OR FRIENDS WORKING FOR THIS COMPANY? _____

IF YES, WHO? _____

FORMER EMPLOYERS, last 10 years (383.35)

LIST MOST CURRENT EMPLOYER FIRST

EMPLOYER NAME _____ POSITION _____

ADDRESS _____ TELEPHONE _____

EMPLOYED FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES/NO

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during the period? YES/NO

EMPLOYER NAME _____ POSITION _____

ADDRESS _____ TELEPHONE _____

EMPLOYED FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES/NO

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during the period? YES/NO

EMPLOYER NAME _____ POSITION _____

ADDRESS _____ TELEPHONE _____

EMPLOYED FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES/NO

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during the period? YES/NO

EMPLOYER NAME _____ POSITION _____

ADDRESS _____ TELEPHONE _____

EMPLOYED FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES/NO

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during the period? YES/NO

EMPLOYER NAME _____ POSITION _____

ADDRESS _____ TELEPHONE _____

EMPLOYED FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES/NO

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during the period? YES/NO

EMPLOYER NAME _____ POSITION _____

ADDRESS _____ TELEPHONE _____

EMPLOYED FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES/NO

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during the period? YES/NO

Use backside of sheet for additional employers

EDUCATION

NAME OF SCHOOL	LAST YEAR COMPLETED				GRADUATE?
HIGH SCHOOL _____	1	2	3	4	Y / N
COLLEGE _____	1	2	3	4	Y / N
TRADE/BUSINESS SCHOOL _____	1	2	3	4	Y / N

PLEASE LIST ANY JOB RELATED SKILLS _____

IN CASE OF EMERGENCY, NOTIFY: _____

RELATION _____ PHONE # _____

ADDRESS _____

AUTHORIZATION

I AUTHORIZE INVESTIGATION ON ALL STATEMENTS IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OF INFORMATION REQUESTED IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND, AND AGREE, THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE. I FURTHER MORE CERTIFY THAT ALL ABOVE DATES, TIMES, AND NAMES ARE TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____