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## Employment Application

### Notice to Any Person Seeking Employment With Highline Electric Association

- Those applicants requiring reasonable accommodations to the applications and/or interview process should notify Elise Pocock, Executive Assistant, of Highline Electric Association via email at [jobs@hea.coop](mailto:jobs@hea.coop) or telephone at 970-854-2236.
- Highline Electric Association only accepts applications and resumes for open positions. Incomplete applications will not be accepted, nor will the applicant be considered for the position.
- Please monitor your email for correspondence regarding this position.

*We are an EOE/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, genetic information, disability, veteran status or any other status protected by law.*

#### EMPLOYMENT OF RELATIVES

In order to control potential conflict of interest, the Cooperative will not hire close relatives of current members of the Board of Directors, the General Manager or the supervisor for which a position is open. A close relative is defined as parent (including step or in-law), child (including step), brother or sister (including step, in-law, or half), grandparent or grandchild.

#### PRE-EMPLOYMENT EXAMINATIONS

To ensure the continued health and safety of all employees and members of Highline Electric Association, all applicants who have been given an offer for employment must complete a physical examination and test for illegal drugs and alcohol. Employment is contingent upon satisfactory completion of a physical examination and a negative drug and alcohol test. The examination and testing are conducted by a Highline Electric Association designated physician at no cost to the applicant. The physical examination will ensure the applicant can perform the essential physical requirements of the position.

#### EMPLOYMENT ELIGIBILITY

Within three (3) days of starting employment with Highline Electric Association an employee must complete an Eligibility of Employment Form (Form I-9). The purpose of the form is to ensure all employees are eligible to work in the United States.

Position applied for _____	Date of application ____/____/____	
Name _____		
LAST	FIRST	MIDDLE

## Personal

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

E-mail address \_\_\_\_\_

Telephone # \_\_\_\_\_ Mobile/Cell/Other Phone # \_\_\_\_\_

If necessary, best time to call you at home is: \_\_\_\_\_ AM  
 \_\_\_\_\_ PM

May we contact you at work?  Yes  No

If yes, work number and best time to call \_\_\_\_\_ AM  
 \_\_\_\_\_ PM

Are you over 18 years of age?  Yes  No

List positions previously applied for \_\_\_\_\_  None

Are you legally eligible for employment in this country?  Yes  No

## Work Preference

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)?  Yes  No

## Education

High School City/State	Circle grade completed				Did you graduate?	
	1	2	3	4	Yes	No
College/Technical School/Other City/State	# of Years	Course of Study			Degree, diploma, certificate and honors received	
Other job-related educational institutions, licenses, certifications, etc						

# Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheet if necessary). Explain any gaps in employment in comments section below. **NOTE: A job offer may be contingent upon acceptable references from current and former employers.**

<b>EMPLOYER</b>	<b>TELEPHONE #</b>	<b>DATES EMPLOYED</b>		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
<b>ADDRESS</b>				
<b>STARTING JOB TITLE/FINAL JOB TITLE</b>				
<b>IMMEDIATE SUPERVISOR AND TITLE</b>				
<b>REASON FOR LEAVING</b>				
<b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				
<b>EMPLOYER</b>	<b>TELEPHONE #</b>	<b>DATES EMPLOYED</b>		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
<b>ADDRESS</b>				
<b>STARTING JOB TITLE/FINAL JOB TITLE</b>				
<b>IMMEDIATE SUPERVISOR AND TITLE</b>				
<b>REASON FOR LEAVING</b>				
<b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				
<b>EMPLOYER</b>	<b>TELEPHONE #</b>	<b>DATES EMPLOYED</b>		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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<b>ADDRESS</b>				
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<b>IMMEDIATE SUPERVISOR AND TITLE</b>				
<b>REASON FOR LEAVING</b>				
<b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				
<b>EMPLOYER</b>	<b>TELEPHONE #</b>	<b>DATES EMPLOYED</b>		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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<b>ADDRESS</b>				
<b>STARTING JOB TITLE/FINAL JOB TITLE</b>				
<b>IMMEDIATE SUPERVISOR AND TITLE</b>				
<b>REASON FOR LEAVING</b>				
<b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

**Comments** INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT \_\_\_\_\_

\_\_\_\_\_

**Comments/Office Use Only:** \_\_\_\_\_

\_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying for. Use back of this page if needed.

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## References

List name and telephone number of three business/work references that are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN	Verification (Office Use Only)

## Applicant Statement

I certify that all the information I have provided in order to apply for and secure employment with Highline Electric Association is true, complete, and correct.

Highline Electric Association may conduct a background check on applicant. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from Highline Electric Association, when it is discovered.

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 understand my employment is contingent upon the results of a drug screen for illegal drugs and/or an alcohol test. A confirmed positive screen will result in my disqualification from employment.

I authorize the investigation of any or all statements contained in this application. I authorize and consent to my references, employers and/or employer representatives, public agencies, licensing authorities, and educational institutions and persons or organizations named in this application and/or accompanying resume to release any information to Highline Electric Association that may be required to make an employment decision. I release such persons and organizations from any legal liability in making such statements.

I understand this application remains current until the open position is filled. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied 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 reason and with or without notice.

**Do not sign until you have read the above APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_