

## CENTRAL TEXAS TELEPHONE COOPERATIVE, INC.

### CONSTRUCTION CREW

#### General Summary

Basic responsibility is the construction of buried cable facilities in accordance with regulations of the Cooperative, RUS and the PUC.

#### Reporting Relationships

Reports to: Outside Plant Supervisor

#### Essential Duties and Responsibilities

1. Place direct buried cable using digging and trenching equipment.
2. Place and maintain cable within the underground conduit system.
3. Maintain right-of-way and restore all disturbed surfaces, such as concrete and pavement. Trim trees and perform other landscaping as necessary and ensure that landowners are satisfied.
4. Locate cable and gas and water lines.
5. Ensure that tools and equipment are in good working order, maintained, and stored and report defective equipment and tools to supervisor.
6. Install buried drops.
7. Install and remove aerial cable.
8. Setting and pulling poles using a pole truck and digging and bracing equipment.
9. Install demarcation devices at subscriber premises.
10. Perform all work related to splicing, terminating, and maintaining cable, including fiber-optic cable.
11. Complete daily timesheet.
12. Adhere to safety procedures as specified by the Cooperative.
13. Attend staff meetings and training sessions as necessary to keep current with changes in Cooperative policies and procedures within your field.
14. Have a valid Texas Drivers License in order to operate vehicles and will be required to obtain a CDL.
15. Wear protective equipment such as hard hat, safety boots, eye protection, and hearing protection, when required.
16. Provide a written report on all outside meetings and training sessions attended.
17. Perform other duties as assigned or otherwise required by management.

CENTRAL TEXAS TELEPHONE COOPERATIVE, INC.

CONSTRUCTION CREW

**PERSONNEL SPECIFICATIONS**

**Experience**

High School Degree or equivalent. Heavy equipment experience preferred.

**Job Knowledge**

Ability to read maps and staking sheets. A general knowledge of construction work equipment.

**Physical Demands (continued)**

Working in awkward, cramped, extremely hot or cold, dusty and dirty conditions

Climbing ladders

Daily lifting and carrying of loads weighing a maximum of 100 pounds. Lifts may begin at floor level or at an extended arm's length reach above head level. Tasks may require horizontal extension or arm's length, and 180 degrees from side-to-side. Vision must be sufficient to distinguish colors.

**Special Demands**

Pleasant personality and disposition. Must maintain a working relationship with other plant personnel.

CENTRAL TEXAS TELEPHONE COOPERATIVE, INC.  
dba Central Texas TeleCommunications  
PO BOX 627  
Goldthwaite, Texas 76844  
(325) 648-2237 / (800) 535-8904

## APPLICATION FOR EMPLOYMENT

Central Texas Telephone Cooperative is an equal opportunity employer, and does not discriminate on the basis of race, color, religion, gender, national origin, age, disability, or any other unlawful basis.

To the extent reasonably possible, we will accommodate individuals with disabilities in the application, hiring, and employment process. If you need accommodation at any point in this application process, please let us know.

1. Date of Application: \_\_\_\_\_ 2. E-mail Address: \_\_\_\_\_
3. Name: \_\_\_\_\_
4. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 5. Telephone Numbers:  
(Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(Cell) \_\_\_\_\_
6. Are you related by blood or marriage, to any current employee, Manager, or Board of Director?  
\_\_\_ YES \_\_\_ NO  
If yes, please explain which employee and the nature of the relationship: \_\_\_\_\_  
\_\_\_\_\_
7. Can you legally work in the United States? \_\_\_ YES \_\_\_ NO
8. Have you ever been convicted of a crime or otherwise pled guilty, *Nolo Contendere*, or received deferred adjudication for a crime? \_\_\_ YES \_\_\_ NO  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Position applied for: \_\_\_\_\_ 11. SALARY DESIRED: \_\_\_\_\_
10. Would you accept temporary work? \_\_\_ YES \_\_\_ NO
11. After reviewing the job description of the position for which you are applying, do you believe you can perform the essential functions of the job, with or without reasonable accommodation?  
\_\_\_ YES \_\_\_ NO

NAME \_\_\_\_\_ DATE \_\_\_\_\_

12. EDUCATION:

- A. CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12
- B. DID YOU GRADUATE FROM HIGH SCHOOL WITH A HIGH SCHOOL DIPLOMA/G.E.D?  
\_\_\_\_ YES \_\_\_\_ NO
- C. COLLEGE OR UNIVERSITY:  
\_\_\_\_\_
- D. YEARS COMPLETED IN COLLEGE: \_\_\_\_\_
- E. DEGREES CONFERRED:  
\_\_\_\_\_
- F. OTHER TRAINING: \_\_\_\_\_  
\_\_\_\_\_

13. REFERENCES:

- A. LIST THREE (3) PERSONS NOT RELATED TO YOU FOR RECOMMENDATION:

	Name	Occupation	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

- 14. MAY WE CONTACT YOUR CURRENT EMPLOYER FOR A REFERENCE? \_\_\_\_ YES \_\_\_\_ NO\*

Present Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_

*\*Please Note: If you receive a job offer without a reference check with your current employer, your job offer may be contingent on the completion of this final reference check.*

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**EMPLOYMENT HISTORY**

15. PLEASE LIST ALL PLACES OF EMPLOYMENT SINCE HIGH SCHOOL OR FOR THE LAST TEN YEARS, WHICHEVER IS LESS, BEGINNING WITH THE MOST RECENT. IF NECESSARY, ATTACH EXTRA PAGES TO GIVE A COMPLETE EMPLOYMENT HISTORY.

**A. NAME OF EMPLOYER:**

FROM (month/year) \_\_\_\_\_ TO (month/year) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

KIND OF BUSINESS OR ORGANIZATION: \_\_\_\_\_

NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR: \_\_\_\_\_

EXACT TITLE OF YOUR POSITION: \_\_\_\_\_

STARTING SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_ FINAL \$ \_\_\_\_\_ PER \_\_\_\_\_

DUTIES & RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

MACHINES/EQUIPMENT/COMPUTER PROGRAMS USED: \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**B. NAME OF EMPLOYER:**

FROM (month/year) \_\_\_\_\_ TO (month/year) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

KIND OF BUSINESS OR ORGANIZATION: \_\_\_\_\_

NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR: \_\_\_\_\_

EXACT TITLE OF YOUR POSITION: \_\_\_\_\_

STARTING SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_ FINAL \$ \_\_\_\_\_ PER \_\_\_\_\_

DUTIES & RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

MACHINES/EQUIPMENT/COMPUTER PROGRAMS USED: \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**C. NAME OF EMPLOYER:** \_\_\_\_\_

FROM (month/year) \_\_\_\_\_ TO (month/year) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

KIND OF BUSINESS OR ORGANIZATION: \_\_\_\_\_

NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR: \_\_\_\_\_

EXACT TITLE OF YOUR POSITION: \_\_\_\_\_

STARTING SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_ FINAL \$ \_\_\_\_\_ PER \_\_\_\_\_

DUTIES & RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MACHINES/EQUIPMENT/COMPUTER PROGRAMS USED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**D. NAME OF EMPLOYER:** \_\_\_\_\_

FROM (month/year) \_\_\_\_\_ TO (month/year) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

KIND OF BUSINESS OR ORGANIZATION: \_\_\_\_\_

NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR: \_\_\_\_\_

EXACT TITLE OF YOUR POSITION: \_\_\_\_\_

STARTING SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_ FINAL \$ \_\_\_\_\_ PER \_\_\_\_\_

DUTIES & RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MACHINES/EQUIPMENT/COMPUTER PROGRAMS USED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

All of the employees of Central Texas Telephone Cooperative are employed at-will. This means that both the employees and the Cooperative are free to terminate the employment relationship at his/her or its discretion. No supervisor or other employee of the Cooperative has the authority to alter this at-will relationship and no one should ever interpret any such person's remarks or actions as a guaranty of continued employment.

*I hereby certify that the information I have provided above is true and correct, to the best of my knowledge. I understand that any false statement, misrepresentation, or omission made on this application will be grounds for rejection of my application for employment, or, if I have already been hired, will be grounds for immediate termination.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**\*\*\*\*\* PLEASE COMPLETE PAGES 6-8 ONLY IF  
YOU CURRENTLY HOLD A CDL LICENSE \*\*\*\*\***

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license for which the information below is listed

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, Tank, Flat, Etc.)	DATES		APPROXIMATE NUMBER OF MILES DRIVEN
		From	To	
Straight Truck				
Tractor and Semi-trailer				
Tractor- Two Trailers				
Other				

**ACCIDENT RECORD FOR PAST 3 YEARS**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR- END, UPSET, ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS YES/NO

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION (location)	PENALTY (FOREFETED BOND, COLLATERAL AND/OR POINTS)



NAME \_\_\_\_\_ DATE \_\_\_\_\_

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES or NO

If yes, please explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES or NO

If yes, please explain \_\_\_\_\_

C. Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES or NO

D. Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES or NO

**TO BE READ AND SIGNED BY APPLICANT**

*I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release, employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.*

*In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. "I understand that information that I provide regarding current or previous employers may be used and those employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). 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 re-send the corrected information to the prospective employer; and*
- *Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.*

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

(This certifies that I completed this application and all entries are true and correct to the best of my knowledge.)

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

Applicant **Hired**

Applicant **Rejected**

Date Employed \_\_\_\_\_

Signature of Hiring Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Hiring Manager \_\_\_\_\_ Date \_\_\_\_\_

Signature of General Manager \_\_\_\_\_ Date \_\_\_\_\_

Signature of HR Manager \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_