

Navarro County Electric Cooperative

Safety Coordinator

Reports to: General Manager
Non-Exempt

OBJECTIVE:

Plans, develops, and implements the programs and procedures necessary to meet the Cooperative's compliance and safety needs. Continually makes improvements for a safer work environment for all Cooperative employees.

RESPONSIBILITIES:

- Conducts or arranges all weekly and monthly safety meetings
- Ensures proper employee training is completed
- Assists cooperative employees in attaining licenses' and certifications by actively engaging in their learning process
- Certifies annual employee pole-top and bucket rescue
- Maintains all necessary compliance, safety, and training record files
- Performs CPR and first aid training
- Generates safety and training related reports as necessary for various organizations and agencies
- Posts all required OSHA accident files
- Ensures yearly inspection of trucks and equipment has been completed
- Keeps abreast of OSHA law and ensures the Cooperative is in compliance
- Ensures that cooperative safety policies are in accordance with established federal, state, and local safety laws, rules, and regulations
- Researches and makes recommendations for improvements to cooperative safety policies related to the safety and training of cooperative personnel
- Conducts frequent safety visits in the field and in offices and provides constant feedback for improvements in employee safety practices and processes
- Coordinates cooperative's environmental policies and practices. Maintains all records associated with PCB elimination and spills
- Investigates accidents, ensures proper response is taken, and documents all such events
- Maintains and purchases cooperative's safety equipment, such as rubber goods, hard hats, safety glasses, FR clothing, etc., distributes these items as needed, sends such goods for testing, and maintains records of testing
- Serves as an ambassador of the cooperative to other organizations by presenting safety demonstrations and related programs as requested
- Attends appropriate training sessions and seminars

RELATIONSHIPS:

INTERNAL:

- General Manager/ CEO
- Manager of Construction, Operations & Maintenance
- Superintendent
- Manager Administrative Services
- CFO
- Manager of Member Services
- Outside Personnel
- Inside Personnel

EXTERNAL:

- Texas Electric Cooperatives Loss Control
- Vendors
- Public
- Member-Owners

Pre-Requisites:

- High School Diploma or equivalent
- Working knowledge of the electric industry
- Good interpersonal skills, and solid problem solving skills. Good communication skills, both written and verbal
- Be familiar with Microsoft Office software programs and the use of personal computers
- Valid drivers license
- Able to maintain CPR and First Aid certifications

Essential Skills:

While performing the duties of this job, the employee is regularly required to sit, use hands, handle, talk, and hear. The employee is occasionally required to reach, stand, walk, climb, balance, stoop or kneel, crouch, crawl, push or pull, lift and/or move up to 50 pounds and operate a motor vehicle. Specific vision abilities required by this job include close vision, distance vision, and the ability to adjust focus for visual inspection involving small defects or parts, and/or operation of machines. The employee is subject to hazards due to the proximity of moving mechanical parts, environmental conditions, including extreme heat, extreme cold, and atmospheric conditions.

Comments:

This job description is not intended to be all-inclusive. An employee will also perform other reasonably related business duties as assigned by the immediate supervisor and other management as required. The General Manager of Navarro County Electric Cooperative reserves the right to revise or change the job responsibilities as the need arises. This job description does not constitute a written or implied contract of employment.

Navarro County Electric Cooperative, Inc.

3800 W. Hwy. 22 – P.O. Box 616
Corsicana, TX 75151-0616

**APPLICATION FOR EMPLOYMENT
PERSONAL DATA**

(Last Name) (First Name) (Initial)

(Street Address, RFD – no P.O. Box)

(City) (State) (Zip Code)

Phone Number: _____ Social Security Number: _____

Position Applied For: _____ Are you at least 18 yrs. old? Yes No

Date available for work? _____ Will you work overtime? Yes No

Can you travel for work? Yes No Will you work weekends? Yes No

Check each type of work you will accept: temporary part-time full-time

Have you ever filed an application here before? Yes No Date: _____

Have you ever been employed here before? Yes No Date: _____

Are you or your spouse related to any officer or employee of this employer? Yes No If yes, who? _____

Lowest acceptable salary or hourly wage? _____

EDUCATION AND TRAINING

Name of Schools Attended and Location (City / State)	Dates Attended From: To:	Grade Average	Major Field	Degree Received
High School				Please circle Diploma: yes/no GED: yes/no
College/ University				
Business College				
Technical Training				
Other				

The following space is provided for other information concerning special training, interests, career goals, or any other data you wish to provide.

- Software (Specify _____)
- Hardware (Specify _____)
- Data Entry
- 10 key, Adding Machine
- Word Processing _____ wpm
- Other _____

CAREER OBJECTIVE

Give a specific and concise statement.

CONTRIBUTION

Describe a major project or assignment you completed during your career that was of significant value to you and your employer.

PROFESSIONAL CERTIFICATIONS, LICENSES or MEMBERSHIP

List each position held. Start with your current or most recent assignment and work backward. If you need additional space, please continue on separate sheet(s) of paper.

THIS SECTION MUST BE COMPLETED IN FULL. PLEASE DO NOT INDICATE "SEE RESUME."

Are you presently employed? yes no May we contact present employer? yes no

Employer	From: Dates	To:
Address	Starting: Salary	Ending:
Job Title	Summary of Job Duties	
Supervisor Title		
Telephone Number(s)		
Reason for leaving		
Employer	From: Dates	To:
Address	Starting: Salary	Ending:
Job Title	Summary of Job Duties	
Supervisor Title		
Telephone Number(s)		
Reason for leaving		
Employer	From: Dates	To:
Address	Starting: Salary	Ending:
Job Title	Summary of Job Duties	
Supervisor Title		
Telephone Number(s)		
Reason for leaving		
Employer	From: Dates	To:
Address	Starting: Salary	Ending:
Job Title	Summary of Job Duties	
Supervisor Title		
Telephone Number(s)		
Reason for leaving		

ACCOUNT FOR ALL UNEMPLOYED TIME BETWEEN POSITIONS HELD

From Mo/Yr	To Mo/Yr	Describe what you were doing

MILITARY

Have you served in the U.S. Forces? yes no If yes, give dates of service _____

ADDITIONAL INFORMATION

You must be authorized to work in the United States in order to be employed by this employer. If you are one of the following, please check here:

- A citizen or a national of the United States
- An alien lawfully admitted for permanent residence
- An alien authorized by the immigration and Naturalization Service to work indefinitely in the United States

Have you ever pled guilty to, pled no contest to, or been convicted of any criminal offense, or have you ever received deferred adjudication or probation for a criminal offense? yes no

If yes, please explain. (You may omit convictions for minor traffic violations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in your automatic disqualification for employment.) _____

If the position for which you are applying requires the operation of a motor vehicle, do you have a current Texas Driver's License? yes no If yes, provide: License No _____

Type of license: operator commercial CDL – Class A

If applicable to the position for which you are applying, what languages do you speak? _____

Write/read? _____

REFERENCES

List three persons not related to you who can describe your qualifications for the position you seek.

Name	Organization	Telephone No.	Occupation

APPLICANT CERTIFICATION

I certify that the information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact may result in my dismissal.

I hereby release and authorize the company and its agent to verify, inspect, copy and obtain records pertaining the information I have provided in this application. I hereby authorize any persons or concerns to furnish information in their possession concerning any of the information I have provided in this application and release such persons or concerns from any and all liability arising therefrom.

I understand and agree that:

- Business needs may at time make the following conditions mandatory: overtime, shift work, shift changes, rotating work schedule, or weekend work schedules. I accept these as conditions of continuing employment.
- If employed, I will agree not to divulge any confidential information I have gained and to protect the company's confidential information.
- This application for employment and any attachment(s) are the property of the company and will become part of my personnel file if I am hired.
- If employed by Navarro County Electric Cooperative, Inc., I agree to abide by its rules and regulations. Further, I understand and agree that employment is at will and may be terminated at any time, with or without cause or reason and with or without notice. This application cannot be construed as a contract or as a guarantee of employment or continued employment and no agreement to the contrary will be effective.

As a condition of employment with Navarro County Electric Cooperative, Inc., I understand that the company will check my driving record, Worker's Compensation record, and may do a criminal background check.

I agree and acknowledge that no officer, manager or employee is authorized to offer irrevocable or unchangeable terms and conditions of employment. The company reserves the right to determine the terms and conditions of employment at its sole discretion.

Navarro County Electric Cooperative, Inc. has reserved the right to administer drug screening procedures for cause or upon reasonable suspicion. I consent to participation in any such program(s) and I understand and agree that the company may take disciplinary action up to and including termination of employment for failure to pass or refusal to take a drug screen.

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT THE SAME AS CONDITIONS OF MY EMPLOYMENT.

Signature of applicant	Date
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Revised 10/4 1s