



### **Cashier/Member Service Representative**

Columbus Electric Cooperative, Inc., located in Deming, New Mexico, seeks, for immediate employment, a Cashier/Member Service Representative. This position is to render prompt, courteous, and reliable services to member-owners, assuring the maintenance of sound and exact consumer payment records for the cooperative, and to serve as a receptionist to those visiting cooperative personnel for appointments.

High School Diploma, or equivalent, operate office equipment and a computer terminal efficiently, previous customer service & cashier experience. There will be an educational competency test. Must have valid driver's license, be fluent in English and Spanish. Competitive salary, D.O.E., and excellent benefits.

Any person interested in applying for this position must complete an Application for Employment, Resume, a Letter of Interest clearly stating the position applied for, and voluntarily submit to pre-employment background check. Upon completion submit to Columbus Electric Cooperative, Inc., Human Resources, at P.O. Box 631, Deming, NM 88031-0631; by fax to (575) 546-3128; or by e-mail to [suem@col-coop.com](mailto:suem@col-coop.com).

Applications can be obtained at [www.columbusco-op.org](http://www.columbusco-op.org) or at  
900 N. Gold, Deming NM.

This position will remain open until noon on **Friday, October 16, 2020**. This institution is an equal opportunity provider and employer.

# *Columbus Electric Cooperative, Inc.*

P.O. BOX 631 • 900 NORTH GOLD • DEMING, NEW MEXICO 88031 • 575-546-8838

## **CASHIER/MEMBER SERVICE REPRESENTATIVE COLUMBUS ELECTRIC COOPERATIVE, INC.**

### **EDUCATION:**

High school diploma or G.E.D.

### **PREREQUISITES:**

- (a) Must have pleasing personality, and be able to tactfully and cheerfully communicate with the membership, general public and fellow employees.
- (b) Must be able to operate office equipment and a computer terminal efficiently.
- (c) Must be able to fluently speak Spanish.
- (d) Previous customer service experience preferred.

### **JOB FUNCTIONS:**

To render prompt, courteous, and reliable services to member-owners, assuring the maintenance of sound and exact consumer payment records for the cooperative, and to serve as a receptionist to those visiting cooperative personnel for appointments.

### **DUTIES AND RESPONSIBILITIES:**

Responsibilities include but are not limited to the following:

- (a) Answer incoming calls in a prompt, courteous and efficient manner ensuring that calls are properly and promptly completed.
- (b) Receives and processes bill, aid to construction and miscellaneous payments over the counter, by mail, from depository, by wire or ACH, and over the telephone.
- (c) Must have a good understanding of office procedures and record keeping to reconcile daily cash drawers, cash/checks/credit card receipts, payment stub totals and assist in balancing bank statements.
- (d) Assist bookkeeping department as requested.
- (e) Processes service orders to connect, disconnect, or transfer services as requested by members or to reconnect accounts previously disconnected for non-payment.
- (f) Processes new membership applications.
- (g) Should be knowledgeable and effective in communicating policies and procedures related to services, billing, and collections.
- (h) Handles transactions associated with petty cash fund.
- (i) Responsible for unlocking and locking front doors for business activities. Maintains reception area in a neat and orderly fashion.
- (j) Participates in safety meetings and training programs as required.
- (k) Participates in annual meeting as required
- (l) Performs other duties as required.

### **REPORTS TO:**

Member Services Supervisor

### **SUPERVISES:**

No Supervisory Responsibilities

## APPLICATION FOR EMPLOYMENT

### *COLUMBUS ELECTRIC COOPERATIVE, INC.*

Columbus Electric Cooperative, Inc. is an equal opportunity employer and does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, gender, sexual orientation, marital status, physical or mental disability or military status.

This Application is valid for thirty (30) days only. Consideration for employment after thirty (30) days requires a new Application.

POSITION SOUGHT \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF AVAILABILITY \_\_\_\_\_

#### PERSONAL INFORMATION:

Name \_\_\_\_\_  
Last First Middle

Physical Address \_\_\_\_\_  
Number & Street City State Zip Code

(If different from above)

Mailing Address \_\_\_\_\_  
Street or Box Number City State Zip Code

Phone Number \_\_\_\_\_ e-mail address \_\_\_\_\_

SSN: \_\_\_\_\_

Are you over the age of 18? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you perform the essential functions of the position for which you are applying? (If you have any questions as to what functions are deemed essential to the position, please ask the interviewer before answering this question.) \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a valid driver's license?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state and license number? \_\_\_\_\_

Have you ever worked for this Company before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

Do you know anyone who works for this company? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who? \_\_\_\_\_

Do you have any relatives or friends who work for or are affiliated with this company?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, who? \_\_\_\_\_

**EDUCATIONAL INFORMATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: \_\_\_\_\_  
Name City State

Diploma/G.E.D. \_\_\_\_\_ Yes \_\_\_\_\_ No

College or Vocational \_\_\_\_\_  
Name City State

Number of years attended \_\_\_\_\_ Degree \_\_\_\_\_

Other School or Program \_\_\_\_\_  
Name City State

Number of years attended \_\_\_\_\_ Degree \_\_\_\_\_

Other School or Program \_\_\_\_\_  
Name City State

Number of Years attended \_\_\_\_\_ Degree \_\_\_\_\_

Other Training or Certificates \_\_\_\_\_

Professional Licenses of Membership \_\_\_\_\_

Do you have a valid Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

State of Issue \_\_\_\_\_ Number \_\_\_\_\_

Have your driving privileges ever been suspended or revoked? \_\_\_\_\_Yes \_\_\_\_\_No

As a driver, have you been in a vehicle accident in the past three years?

\_\_\_\_\_Yes \_\_\_\_\_No

**EMPLOYMENT HISTORY:** Begin with most recent employment first.

Have you ever been terminated from employment? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, by whom and why?\_\_\_\_\_

\_\_\_\_\_

Are you currently employed? \_\_\_\_\_Yes \_\_\_\_\_No Since when?\_\_\_\_\_

Employer Name\_\_\_\_\_

Address\_\_\_\_\_

Number & Street

City

State

Zip Code

Phone Number\_\_\_\_\_

Position\_\_\_\_\_

Name of Supervisor\_\_\_\_\_

e-mail address\_\_\_\_\_

May we contact this employer? \_\_\_\_\_Yes \_\_\_\_\_No

Employer Name\_\_\_\_\_

Address\_\_\_\_\_

Number & Street

City

State

Zip Code

Phone Number\_\_\_\_\_

Position\_\_\_\_\_

Name of Supervisor\_\_\_\_\_

e-mail address\_\_\_\_\_

Employer Name\_\_\_\_\_

Address\_\_\_\_\_

Number & Street

City

State

Zip Code

Phone Number\_\_\_\_\_

Position\_\_\_\_\_

Name of Supervisor\_\_\_\_\_

e-mail address\_\_\_\_\_

Employer Name\_\_\_\_\_

Address\_\_\_\_\_

Number & Street

City

State

Zip Code

Phone Number\_\_\_\_\_

Position\_\_\_\_\_

Name of Supervisor\_\_\_\_\_

e-mail address\_\_\_\_\_

**REFERENCES:**

Name\_\_\_\_\_

Address\_\_\_\_\_

Number & Street

City

State

Zip Code

Phone Number\_\_\_\_\_

e-mail address\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

Number & Street

City

State

Zip Code

Phone Number\_\_\_\_\_

e-mail address\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

Number & Street

City

State

Zip Code

Phone Number\_\_\_\_\_

e-mail address\_\_\_\_\_

## **APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in this Application are true and accurate to the best of my knowledge and I authorize Columbus Electric Cooperative, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Columbus Electric Cooperative, Inc. from any and all liability of whatever kind and nature which, at any time, could result from obtaining or having an employment decision based on such information.

I understand that Columbus Electric Cooperative, Inc. strives to maintain a drug and alcohol free workplace and that after an offer of employment is extended a medical examination may be performed and that such examination may include a drug or alcohol screening procedure.

I understand that, if employed by Columbus Electric Cooperative, Inc., falsified statement of any kind or omissions of facts called for in this Application or in any medical examination shall be considered sufficient basis for denial of employment or for dismissal from employment.

I understand that neither the completion of this Application nor any other part of my consideration for employment establishes any obligation for Columbus Electric Cooperative, Inc. to hire me.

I understand that Columbus Electric Cooperative, Inc. may inquire about my arrest or conviction history upon discussing employment with me. I further understand that if I have a certain criminal history, Columbus Electric Cooperative, Inc.'s employment policies or other applicable laws could disqualify me from employment in particular positions with Columbus Electric Cooperative, Inc.

I understand that should an offer of employment be extended by Columbus Electric Cooperative, Inc. and accepted by me, I agree to fully adhere to all policies, rules and regulations of employment of Columbus Electric Cooperative, Inc. I further understand that neither the policies, rules or regulations of employment or anything said during the interview and hiring process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and is at-will and that either I or Columbus Electric Cooperative, Inc. may terminate my employment at any time with or without notice or cause.

I understand, that if employed by Columbus Electric Cooperative, Inc., applicable laws require me to provide certain information, including date of birth and country of origin and to prove my eligibility for employment by providing certain documents establishing my identity and employment eligibility.

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

Date\_\_\_\_\_