

**PERSONAL INFORMATION**

NAME (LAST/FIRST/MIDDLE): \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE-DAY: \_\_\_\_\_ PHONE-EVENING: \_\_\_\_\_ PHONE-CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

 ARE YOU AT LEAST 16 YEARS OF AGE?  YES  NO

 ARE THERE ANY OTHER NAMES UNDER WHICH YOU HAVE WORKED OR ATTENDED SCHOOL?  YES  NO

IF YES, PLEASE LIST: \_\_\_\_\_

 ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES?\*  YES  NO

*\*Proof of identity and authorization for U.S. employment will be required as a condition of employment.*
**EMPLOYMENT INTERESTS**

POSITION APPLYING FOR: \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_

SALARY DESIRED: \_\_\_\_\_ LOCATION PREFERENCE: \_\_\_\_\_

**ADDITIONAL INFORMATION**

 DO YOU HAVE FRIENDS OR RELATIVES IN OUR EMPLOYMENT:  YES  NO

 IF YES, NAME: \_\_\_\_\_  FRIEND  RELATIVE

 HAVE YOU EVER WORKED FOR CLOVERLAND ELECTRIC COOPERATIVE OR A SUBSIDIARY OF CEC?  YES  NO

WHERE? \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

WHEN? FROM: \_\_\_\_\_ TO: \_\_\_\_\_ IN WHAT ROLE: \_\_\_\_\_

 HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY OR NO CONTEST TO ANY FELONY, MISDEMEANOR OR LOCAL ORDINANCE VIOLATION (EXCLUDING TRAFFIC)? CHECK "YES" OR "NO." IF YES, PLEASE ENTER THE TYPE OF VIOLATION, DATE, COURT OF RECORD, AND ALL PERTINENT FACTS. A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC REJECTION OF EMPLOYMENT AND WILL BE CONSIDERED ONLY AS IT RELATES TO THE JOB IN QUESTION.\*  YES  NO

If YES, PLEASE EXPLAIN: \_\_\_\_\_

*\*No applicant will be denied a position because of a conviction for an offense which CEC determines is not substantially related to the job(s) being sought.*
**EDUCATION**

| Level           | Name and Location (City/State) | Years Attended | Major Subjects | Diploma or Degree   |
|-----------------|--------------------------------|----------------|----------------|---|
| High School     |                                |                |                | <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| College         |                                |                |                | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Type: |
| Graduate        |                                |                |                | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Type: |
| Other (Specify) |                                |                |                | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Type: |

**CERTIFICATIONS, TRAINING, OR COLLEGE COURSES**

List any relevant training programs completed or certifications received.

| Course/Seminar | Organization Sponsoring | Date(s) Attended/Received |
|----------------|-------------------------|---------------------------|
|                |                         |                           |
|                |                         |                           |
|                |                         |                           |

**REQUIRED LICENSE(S)**

If driving is required as part of the job for which you are applying, continue the driving information section.

DO YOU HAVE A VALID DRIVER'S LICENSE?  YES  NO

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ ISSUED IN STATE OF: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

TYPE OF LICENSE:  AUTOMOBILE  COMMERCIAL TYPE:  A  B  C  D

CDL ENDORSEMENTS (e.g., air brake, hazardous materials): \_\_\_\_\_

NUMBER OF DRIVER'S LICENSE VIOLATIONS IN PAST THREE YEARS: \_\_\_\_\_

NUMBER OF: TRAFFIC FELONIES \_\_\_\_\_ TRAFFIC ORDINANCE VIOLATIONS \_\_\_\_\_ TRAFFIC MISDEMEANORS \_\_\_\_\_

HAS YOUR LICENSE BEEN SUSPENDED OR REVOKED IN THE PAST THREE YEARS?  YES  NO

IF YES, PLEASE GIVE REASON: \_\_\_\_\_

**PROFESSIONAL/TRADE LICENSES AND CERTIFICATES**

| TYPE OF LICENSE/CERTIFICATE | NUMBER | ISSUE DATE | ISSUED BY | EXPIRATION DATE | STATE/COUNTY |
|-----------------------------|--------|------------|-----------|-----------------|--------------|
|                             |        |            |           |                 |              |
|                             |        |            |           |                 |              |

**EMPLOYMENT HISTORY**

Provide the following information for the past ten years of employers, assignments, or volunteer activities, starting with the most recent.

|   |                                    |
|---|------------------------------------|
| Name of Employer:   | Telephone: ( )                     |
| Address:  |                                    |
| Job Title:  | Employment Dates (Month and Year): |
| Name of Immediate Supervisor:   | From: To:                          |
| Description of Duties:  |                                    |
| Salary: Start _____ End _____   | Reason for Leaving:                |
| If currently employed, may we contact employer as a reference? <input type="checkbox"/> YES <input type="checkbox"/> No |                                    |

Employment history continued on next page.

|                                  |  |                                    |     |
|----------------------------------|--|------------------------------------|-----|
| Name of Employer:                |  | Telephone: (    )                  |     |
| Address:                         |  |                                    |     |
| Job Title:                       |  | Employment Dates (Month and Year): |     |
| Name of Immediate Supervisor:    |  | From:                              | To: |
| Description of Duties:           |  |                                    |     |
| Salary:<br>Start _____ End _____ |  | Reason for Leaving:                |     |

Please continue on separate page(s) as needed.

### EMPLOYMENT REFERENCES

List only individuals familiar with your employment history (current or former supervisors and/or co-workers).

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

### APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

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 the employer's service, regardless of the time elapsed before the discovery.

I expressly authorize, without reservation, Cloverland Electric Cooperative (CEC), its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application or in my resume or job interview(s). I hereby release from any and all liability all such representatives of CEC for the acts performed in connection with obtaining information to evaluate my application, background, credentials, and qualifications. I hereby further authorize any parties (including the employers, schools, and organizations listed in this application form) to release any information they may have about me to CEC, including all of my personnel records. I also release from any and all liability all persons, companies, schools, and organizations (and all persons connected with them) who provide such information to CEC for any damage for giving this information.

I understand that no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 90 days. 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 fill out a new application.

I understand that any offer of employment with CEC will be contingent upon my successful completion of a drug screen and physical exam. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral, or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president or vice president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**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: \_\_\_\_\_

### EQUAL OPPORTUNITY EMPLOYER

Qualified applicants receive equal consideration regardless of race, color, sex, marital status, national origin, disability, age, religion, or any other protected basis as required by law.