

EDUCATION

	School Attended	Years Completed	Course of Study	Degree Earned	GPA
High School					
Vocational Training					
College					
Other					

MILITARY SERVICE RECORD

Branch	Dates of Duty		Rank at Discharge
	From	To	Honorable/Dishonorable

Fill out details in each section as required. Begin with present or most recent employment. Use the back of this page to explain any gaps in employment. **You may add additional pages if space below is not sufficient.**

EMPLOYMENT HISTORY

Employer Name	Address	Dates Employed From	To	Starting Salary	Ending Salary	Supervisor's Name
Responsibilities:						
Reason for Leaving:						
May we contact them? <input type="checkbox"/> Yes or <input type="checkbox"/> No Telephone #: _____						
Employer Name	Address	Dates Employed From	To	Starting Salary	Ending Salary	Supervisor's Name
Responsibilities:						
Reason for Leaving:						
May we contact them? <input type="checkbox"/> Yes or <input type="checkbox"/> No Telephone #: _____						

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REFERENCES

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____	City: _____ State: _____
Phone# _____	Phone# _____	Phone# _____
Occupation: _____	Occupation: _____	Occupation: _____
Years Know: _____	Years Know: _____	Years Know: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand my employment will be subject to satisfactorily passing a post job offer medical exam and a pre-employment drug screen test. In addition, if the position requires operation of a company vehicle I understand that a valid Driver's License and a satisfactory motor vehicle report is an additional requirement before employment. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies of your choice.

I certify that all the answers I have given and statements I have made are true and correct. I authorize my previous employers and references to furnish any information requested concerning my personal character, work habits or employment records. I release all such persons from liability or damages incurred as a result of inquiry and furnishing this information. I understand that, if hired, any material omission or misrepresentation of facts furnished by me in this application or physical examination will be sufficient cause for discharge. I also understand that, if employed, my employment shall not be for any specific term and that I may terminate my employment at any time I choose on proper notice. I also understand Rural Electric Cooperative may terminate my employment at its discretion with or without cause.

Applicant's Signature

Date

Use this section to enter any additional information about your experience and education that you wish us to know.

REC is an Equal Opportunity Employer