

Rural Electric Cooperative Application for Employment

Rural Electric Cooperative (REC) is an equal opportunity employer. We encourage qualified veterans, minorities, women, and individuals with disabilities to apply. No information provided here will be used in an unlawful manner. Please complete this application and return it at your convenience. Answer each question. Read, sign and date page 3. Incomplete or unsigned applications will not be considered. If you have a resume, you may attach to the back of the completed application.

Position Applied for: _____

GENERAL INFORMATION

Name: _____
First Middle Last

Mailing Address: _____
Street City State Zip Code

Telephone Number: Home() _____ Alternate() _____

Yes No Are you 18 years of age or older?

Yes No Do you have a valid Class D driver's license? State _____ Number _____
OR

Yes No Do you have a commercial driver's license (CDL) Class A Class B Class C
State _____ Number _____

Yes No Are you related by blood or marriage to any REC employee or a member of the REC board of trustees?

If yes, _____
Name Position Relationship

Yes No Are you legally eligible to work and live in the United States? (Proof of Citizenship or immigration status will be required upon employment).

Yes No Have you ever been employed by REC? If yes, provide dates of employment and your job title. _____

Yes No Have you ever been convicted of a Felony?

Yes No Are you willing to relocate if the job requires it?

Yes No Are you willing to travel as part of your job duties?

Yes No Are you willing to work overtime when required by the job?

Yes No Are you willing to attend and participate in job related training if required?

EDUCATION

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

MILITARY SERVICE RECORD

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

Fill out details in each section as required. Begin with present or most recent employment. Explain any gaps in employment on an additional page. You may add additional pages if one page is not sufficient.

Employment History

Employer Name	Address	Dates Employed From To	Starting Salary	Ending Salary	Supervisor's Name

Responsibilities (briefly list):

Reason for Leaving:

May we contact them? Yes or No Telephone #:

Employment History

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Employment History

Employer Name	Address	Dates Employed From To	Starting Salary	Ending Salary	Supervisor's Name

Responsibilities (briefly list):

Reason for Leaving:

May we contact them? Yes or No Telephone #:

References

List three references that we may contact and are not relatives or previous employers:

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

Applicant's Certification and Agreement

PLEASE READ CAREFULLY AND SIGN

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 that 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.

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