



APPLICATION FOR EMPLOYMENT

This cooperative does not discriminate in hiring or employment on the basis of age, race, color, sex, religion, national origin, or handicap. No question on this application is intended to secure information to be used for such discrimination.

PERSONAL INFORMATION

Date: _____

First Name: _____ Middle: _____ Last: _____

Address: _____ City\State\Zip: _____

Phone Number: _____ Email: _____

If not a United States Citizen, do you have the legal right to remain and work in the U.S.? ☐ Yes ☐ No

Type of Visa: _____ Visa Number: _____

If under age 18, do you have a work permit? ☐ Yes ☐ No N/A

(Be prepared to provide proof of citizenship or legal residence and work permit to interviewer.)

If a military veteran or reservist, give service and classification: _____

Service dates: _____ to _____. Type of discharge: _____

Military duties and training: _____

If you have ever been convicted of a felony, explain and give date(s). A conviction of a felony will not automatically preclude you from obtaining employment. _____

In case of emergency, please list the name and contact information of a person or individual:

Name: _____ Phone Number: _____

Address\City\State\Zip: _____

EMPLOYMENT DATA

Position applying for (if applicable): _____

Type of work preferred:

Experience

Qualifications

First Choice: _____ Yes No _____

Second Choice: _____ Yes No _____

Check your availability and willingness to work: ☐ Full Time ☐ Part Time ☐ Overtime ☐ Temporary

Do you agree to work shifts other than the one for which you are applying and/or hours in excess of the regular working hours when conditions require such scheduling changes? ☐ Yes ☐ No

Are you available to travel if the job requires it? ☐ Yes ☐ No

Are you able to perform the tasks of the position for which you applied? ☐ Yes ☐ No

Are you related to any employee of the Cooperative or a member of the Board of Directors? ☐ Yes ☐ No

If yes, give the name, position and relationship: _____

If you are presently employed, may we contact your current employer? ☐ Yes ☐ No

Explain: _____

Date available for work: _____ Salary expected: _____

EDUCATION

School	Name\Location	Dates Attended	Years Completed					Degree\Diploma
High School	_____	_____	1	2	3	4	N/A	_____
College	_____	_____	1	2	3	4	N/A	_____
Technical	_____	_____	1	2	3	4	N/A	_____
Other	_____	_____	1	2	3	4	N/A	_____

WORK HISTORY: Summarize your work experience below, starting with the most recent employer.

Name\Address of Company: _____

Type of Business: _____ Telephone Number: _____

Describe the work you did: _____

Dates Worked (month\year)	Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
From _____ To _____	\$ _____	\$ _____	_____	_____

Name\Address of Company: _____

Type of Business: _____ Telephone Number: _____

Describe the work you did: _____

Dates Worked (month\year)	Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
From _____ To _____	\$ _____	\$ _____	_____	_____

Name\Address of Company: _____

Type of Business: _____ Telephone Number: _____

Describe the work you did: _____

Dates Worked (month\year)	Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
From _____ To _____	\$ _____	\$ _____	_____	_____

Name\Address of Company: _____

Type of Business: _____ Telephone Number: _____

Describe the work you did: _____

Dates Worked (month\year)	Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
From _____ To _____	\$ _____	\$ _____	_____	_____

SKILLS:

List machines (type and model) you can operate:

List computer programs you have experience with and competence in:

LICENSES AND CERTIFICATIONS:

Type _____ Issued By _____ Date _____ Number _____

Type _____ Issued By _____ Date _____ Number _____

Type _____ Issued By _____ Date _____ Number _____

PERSONAL REFERENCES: List three individuals that could be contacted. (No relatives.)

Name _____ Occupation _____ Phone Number _____

Name _____ Occupation _____ Phone Number _____

Name _____ Occupation _____ Phone Number _____

CALHOUN COUNTY ELECTRIC COOPERATIVE ASSOCIATION EMPLOYMENT APPLICATION

I realize that under certain provisions of Iowa law, pre-employment drug testing could be a condition of my employment. I also acknowledge that the employer may require drug testing at a subsequent time, provided that proper advance notice of testing is provided.

I also recognize that I could be offered employment subject to an appropriate medical examination and that such a report could nullify my ultimate employment at this Cooperative.

I certify that the information I have provided is true and complete. I authorize my former employers, schools, and law enforcement authorities, and personal references to provide any information they may have regarding me. I hereby release them from all liability for divulging the same. I understand that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time during my employment, and I agree to hold the Cooperative harmless in the event of such termination of my employment.

If employment is obtained under this application, I will comply with all rules and policies of the Cooperative. I agree to be responsible for Cooperative property and equipment issued me by the Cooperative until returned by me and to pay for property and equipment not returned. I agree to submit to physical examination if required. I understand that my employment is for no definite period of time, and that if hired, I would be an employee at will, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Cooperative or me.

I understand that no Cooperative employee, or supervisor, other than the Chief Executive Officer or the Cooperative, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Applicant's Name (please print legibly): _____

Applicant's Signature: _____ Date: _____