



APPLICATION FOR EMPLOYMENT

Date: _____

This application will be considered active for a period of six (6) months, after which it shall be retired to an inactive file. To be considered for employment after the expiration of this application, a new application must be filed. Even if you are submitting a resume, the following information is requested in order to be considered for placement within the Cooperative. All relevant portions of this application pertaining to your background and history must be completed. We appreciate the time you spend in filling in this application form.

The Cooperative, in accordance with state and federal laws, does not discriminate on the basis of race, color, religion, sex (including pregnancy), national origin, age, disability (including physical or mental impairment), or veteran status. The Cooperative also is required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ women, minorities, otherwise qualified disabled individuals, and Vietnam Era and disabled veterans.

NORTHERN ELECTRIC IS AN EQUAL OPPORTUNITY EMPLOYER.

PLEASE PRINT

Name _____
(Last) (First) (Middle)

Address _____
(Street) (Telephone No.)

(City) (State) (Zip) (Alternate Telephone No.)

Social Security Number _____ / _____ / _____

Do you have the legal right to work in the United States? Yes No

How were you referred to the Cooperative?

Have you ever applied for a job with the Cooperative? Yes No

If yes, when?

Have you ever worked at the Cooperative before? Yes No

If yes, when?

Position for which you are applying (be specific)

Salary expected _____ per _____

Are you at least eighteen years of age? Yes No

In what state or states do you possess a valid and current driver's license?

In what state or states have you ever possessed a valid driver's license?

Can you perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? Yes No

(See specific job description for a list of the essential functions of the job for which you are applying)

If you are selected for employment, on what date can you start work?

List any training or special skills you have that are relevant to the position for which you are applying.

List your membership in any professional or technical organizations that are related to the job requirements of the position for which you are applying. *(Exclude those that may disclose your age, race, religion, color, sex, national origin, physical or mental disability, veteran status, or union affiliations.)*

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name & Occupation	Address	Phone Number
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Apart from absences for religious observation, are you available to work from 8 a.m. to 5 p.m. Monday through Friday? Yes No

If not, what hours can you work? _____

Will you work overtime if asked? Yes No

Are you willing to work after hours call-out duty and on-call assignments? Yes No

Have you ever been convicted of a felony?

Yes

No

If yes, give details, including jurisdiction (state and county) where such conviction(s) occurred.

EDUCATION

_____ School Name _____ Address _____ # of years attended _____ Degree _____ Major _____

High School _____

College _____

Other _____

Current Courses _____

EMPLOYMENT RECORD

Begin with most recent

Name and Address of Employer _____

Employed from (date) _____ to _____

Supervisor _____ Phone# _____

Job Title & Brief Description of Duties _____

Salary Range (from) _____ to _____

Exact Reason for Leaving _____

May we contact them?

Yes

No

Name and Address of Employer

Employed from (date) _____ to _____

Supervisor _____ Phone# _____

Job Title & Brief Description of Duties

Salary Range (from) _____ to _____

Exact Reason for Leaving _____

May we contact them? Yes No

Name and Address of Employer

Employed from (date) _____ to _____

Supervisor _____ Phone# _____

Job Title & Brief Description of Duties

Salary Range (from) _____ to _____

Exact Reason for Leaving _____

May we contact them? Yes No

Name and Address of Employer

Employed from (date) _____ to _____

Supervisor _____ Phone# _____

Job Title & Brief Description of Duties

Salary Range (from) _____ to _____

Exact Reason for Leaving _____

May we contact them? Yes No

PROFESSIONAL & MANAGERIAL APPLICANTS ONLY

List special training or noteworthy achievements. (Attach your resume, if you prefer)

CLERICAL & SECRETARIAL APPLICANTS ONLY

Place one check for knowledge; place two checks for experience.

___ Word processor

___ Handling consumer concerns

___ Calculating machine

___ Telephone switchboard

___ Proofreading

___ Accounts receivable

___ Accounts payable

___ Postage machine

___ Payroll

___ Data process entry

___ Typing _____ (words per minute)

___ Shorthand _____ (words per minute)

___ Personal computer

___ Scanner

___ Cash register

___ Cooperative business operations

TRADES, CRAFTS & TECHNICAL APPLICANTS ONLY

Place one check for knowledge; place two checks for experience.

- | | |
|--|--|
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Electrical handtools |
| <input type="checkbox"/> Computer inventory methods | <input type="checkbox"/> Electrical safety |
| <input type="checkbox"/> Lay out work orders | <input type="checkbox"/> Radio communications & operation |
| <input type="checkbox"/> Prepare work orders | <input type="checkbox"/> Pole inspection |
| <input type="checkbox"/> Basic electricity | <input type="checkbox"/> Load management systems |
| <input type="checkbox"/> Tree trimming | <input type="checkbox"/> Meter reading |
| <input type="checkbox"/> Brush clearing | <input type="checkbox"/> Collecting consumer accounts |
| <input type="checkbox"/> Cleaning machinery | <input type="checkbox"/> Handling customer concerns |
| <input type="checkbox"/> Material control | <input type="checkbox"/> Connecting & disconnecting meters |
| <input type="checkbox"/> Perpetual inventory | <input type="checkbox"/> Electrical mapping systems |
| <input type="checkbox"/> Personal computer | <input type="checkbox"/> Load switching |
| <input type="checkbox"/> Automotive maintenance | <input type="checkbox"/> Substation construction |
| <input type="checkbox"/> Painting & bodywork on vehicles | <input type="checkbox"/> Line construction |
| <input type="checkbox"/> Electric & gas welding | <input type="checkbox"/> Transformer banks |
| <input type="checkbox"/> Hotline work, primary & secondary | <input type="checkbox"/> Regulators, capacitors, breakers & switches |
| <input type="checkbox"/> CDL License | <input type="checkbox"/> Underground experience (primary and/or secondary) |

IMPORTANT: All Applicants MUST READ & SIGN THIS:

CERTIFICATION

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION IN ANY DETAIL WILL RESULT IN MY DISQUALIFICATION FROM FURTHER CONSIDERATION OR MY DISMISSAL FROM EMPLOYMENT IN ACCORDANCE WITH COOPERATIVE POLICY. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COOPERATIVE, AND I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF THE COOPERATIVE OR MYSELF. I FURTHER UNDERSTAND THAT NO PERSON IS AUTHORIZED TO MAKE ANY REPRESENTATION CONTRARY TO THE ABOVE STATEMENT UNLESS SUCH REPRESENTATION IS APPROVED BY THE BOARD OF DIRECTORS AND IS EMBODIED IN A WRITTEN AGREEMENT SIGNED BY THE PRESIDENT OR THE GENERAL MANAGER OF THE COOPERATIVE. I FURTHER UNDERSTAND THAT IF OFFERED EMPLOYMENT, I WILL BE REQUIRED TO TAKE A PHYSICAL EXAMINATION AND THAT SUCH EXAMINATION WILL INCLUDE BLOOD, BREATH, URINE, OR SALIVA TESTS TO DETERMINE THE PRESENCE OR USE OF ALCOHOL OR ILLEGAL CONTROLLED SUBSTANCES.

Signature of Applicant _____

Date _____

FOR EMPLOYER'S USE ONLY

Interviewed by _____

Date _____

Comments _____

EMPLOYMENT REFERENCE CHECKS

Employer	Person Contacted	Date	Results

PERSONAL REFERENCE CHECKS

Person	Date	Comments

ACTION

No action _____

Interview --NO POSITION OFFERED _____

POSITION OFFERED _____

DATE _____ POSITION _____ ACCEPTED _____