



APPLICATION FOR EMPLOYMENT

Please return completed application with a cover letter to:

Northern Electric Cooperative

PO Box 457

Bath, SD 57427

or email to:

employment@northernelectric.coop

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 out 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.

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

PLEASE PRINT

Name _____
(Last) (First) (Middle)

Address _____
(Street) (Telephone No.)

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

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
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High School				
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College				
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Other				
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Current Courses				
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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, noteworthy achievements, or attach a resumé to this application.

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 _____