

EMPLOYMENT HISTORY

Provide the employment information requested below. Begin with your present or most recent employment. Use the back of this form and page 4 to complete your employment history (if necessary).

Employer Name and Address: _____ _____ _____ Telephone Number: () _____ Type of Business: _____ Starting Salary: Ending Salary: \$ _____ \$ _____ Name of Supervisor(s): _____ _____ Telephone Number: () _____	Job Title: _____ Describe the work you did: _____ _____ _____ From: _____ To: _____ Month/Year Month/Year Reason for Leaving (other than disability): _____ _____
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May we contact the employers listed above?

Yes

No

If no, indicate which employer(s) we should not contact: _____

EDUCATION AND TRAINING

Indicate all schools that you have attended.

	High School	Vocational/Technical	College/University	Graduate School
School Name and Address				
Circle Last Year Completed	9 10 11 12	13 14	13 14 15 16	17 18 19 20
Diploma/Degree				
Major Course(s) of Study				
Other Post High School Courses Completed				

Transcripts Required:

Specialized Training or Skills: List current typing and/or shorthand speed, personal computer training, computer literacy, welding certification, special licenses, etc., that you possess that pertain to the position for which you are applying.

SERVICE IN THE ARMED FORCES

From: _____ To: _____
Month/Day/Year Month/Day/Year

Branch of Armed Forces: _____ Rank: _____

General Duties/Training: _____

REFERENCES

List Names, addresses, and telephone numbers of three personal references.

1. _____
Name

Address

City, State, Zip Telephone Number

2. _____
Name

Address

City, State, Zip Telephone Number

3. _____
Name

Address

City, State, Zip Telephone Number

APPLICANT INFORMATION

Please read carefully and initial each paragraph before signing.

I certify that the facts contained in this application for employment at Central Electric Cooperative, Inc., are true and complete to the best of my knowledge. I understand that any misrepresentations, falsifications, or deliberate omissions will result in my immediate dismissal.

_____ Initial

I authorize investigation of all statements herein. I also authorize by my signature below or a copy thereof, the organizations and individuals referred to herein to furnish information to the Cooperative. The Cooperative shall be held harmless should it, in processing this employment application, rely on information provided from these sources, even if the information provided is inaccurate or erroneous.

_____ Initial

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures, or handbooks that I might receive, is intended to create an employment contract between Central Electric Cooperative, Inc., and myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Cooperative. If an employment relationship is established, I understand that I have a right to terminate my employment at any time, for any reason or for no reason, and Central Electric Cooperative, Inc., retains a similar right regarding the discontinuation of my employment subject only to the full extent permitted by law.

_____ Initial

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime or a work schedule that includes Saturday and Sunday. I understand and accept these as conditions of employment, if hired.

_____ Initial

In the event that I am hired, I will abide by all of the Cooperative's rules, regulations, policies, and practices and understand that these may be changed from time to time at the discretion of the Cooperative.

_____ Initial

Signature

Date

STATEMENT OF UNDERSTANDING FOR APPLICANTS

I understand that if offered employment by Central Electric Cooperative, Inc., I will be required to undergo a physical examination which will include urine testing. Urinalysis will test for the presence of drugs and/or metabolites of the following controlled substances: (1) marijuana; (2) cocaine; (3) opiates; (4) amphetamines; and (5) phencyclidine (PCP).

Applicant's Signature

Date