



# 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?

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Have you ever worked at the Cooperative before?  Yes  No

If yes, when?

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Position for which you are applying (be specific)

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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?

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

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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?

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

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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.)*

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**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.

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## 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

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Employed from (date) \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone# \_\_\_\_\_

Job Title & Brief Description of Duties

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Salary Range (from) \_\_\_\_\_ to \_\_\_\_\_

Exact Reason for Leaving \_\_\_\_\_

May we contact them?

Yes

No

Name and Address of Employer

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Employed from (date) \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone# \_\_\_\_\_

Job Title & Brief Description of Duties

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Salary Range (from) \_\_\_\_\_ to \_\_\_\_\_

Exact Reason for Leaving \_\_\_\_\_

May we contact them?  Yes  No

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Name and Address of Employer

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Supervisor \_\_\_\_\_ Phone# \_\_\_\_\_

Job Title & Brief Description of Duties

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Salary Range (from) \_\_\_\_\_ to \_\_\_\_\_

Exact Reason for Leaving \_\_\_\_\_

May we contact them?  Yes  No

Name and Address of Employer

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Employed from (date) \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone# \_\_\_\_\_

Job Title & Brief Description of Duties

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Salary Range (from) \_\_\_\_\_ to \_\_\_\_\_

Exact Reason for Leaving \_\_\_\_\_

May we contact them?  Yes  No

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**PROFESSIONAL & MANAGERIAL APPLICANTS ONLY**

List special training, noteworthy achievements, or attach a resumé to this application.

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**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 \_\_\_\_\_