**Instructions:** Please read carefully. Every item on this form must be answered to the best of your ability. Please print and fill out form **or** fill out form electronically. Your qualifications will be carefully reviewed and you will be given thorough consideration for any suitable vacancy.

You may request assistance in completing this application.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
|  | Last | First | Middle |

|  |  |
| --- | --- |
| Address: |  |
|  | *Street, City, State, Zip Code* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Telephone: |  |  |  | Email Address: |  |
|  | *(Home)* |  | *(Cell)* |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Position Applying for: |  | Date of Application: |  |

*Compliance with I-9 requirements is mandatory upon employment.*

*Note: An affirmative response will not automatically disqualify you from being considered as a candidate for employment. Factors such as age and time of the offense, nature of the violation, and rehabilitation will be taken into account.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you eligible to work for any United States employer at this time?** |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have a valid Commercial Driver’s License?** |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have your driving privileges ever been revoked or suspended?** |  | Yes |  | No |
|  If yes, list all here |  |

NOTE: Criminal records checks are conducted after a job offer is made and may result in the withdrawal of the job offer. Please initial here to indicate you understand that your criminal record may prohibit you being employed here: *\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |
| --- | --- |
| **Education** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of School** | **# of Years Completed** | **Degree Yes/No** | **Major Course of Study** |
| High School |  |  |  |  |
| College/University |  |  |  |  |
| Graduate School |  |  |  |  |
| Trade, Business or Correspondence |  |  |  |  |

**Professional certifications and licenses** *(CPA, NASD series 6, etc.)*:

**Computer skills** *(software programs, hardware, operating systems)*:

**Other skills or experiences that are pertinent to the job applied for**:

|  |
| --- |
| **General Employment Information** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Salary Expected** |  | **Number of hours you are available per week** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please mark the times you are available to work.** | Days: |  | Weekends: |  |  |
|  | Nights: |  | Holidays: |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you willing and able to work overtime as required?** |  | Yes |  | No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Are you able to perform the essential functions of this position?** |  | Yes |  | No |  | Don’t know |
| If no, what accommodation would make it possible for you to perform this job? |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you previously been employed by Farmers Rural Electricor another electric cooperative?** |  | Yes |  | No |

|  |  |
| --- | --- |
| If yes, indicate position, department, anddates:**r** |  |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Have you ever applied for a position?** |  | Yes |  | No | If yes, when? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Do you have any relatives employed at Farmers Rural Electric*?*** |  | Yes |  | No |

|  |  |
| --- | --- |
|  If yes, list name and relationship: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you ever been dismissed or forced to resign from employment?** |  | Yes |  | No |

|  |  |
| --- | --- |
| If yes, explain: |  |

|  |
| --- |
| **In the following space, please describe briefly why you are applying for this position:** |

|  |
| --- |
| **Employment History** |

**List names of employers in consecutive order with the most recent employer listed first.**

(Account for all periods of time including military service and volunteer work that you wish to have considered as part of your qualifications. Explain periods of time not working. If self-employed, give firm name and supply business references.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of most recent/current Employer:**   |  | **Supervisor:** |  |
| City/State: |  | Dates of Employment: |  |
| Telephone: |  | Reason for Leaving: |  |
| Job Title: |  | Ending Salary: |  |
| Duties: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous Employer:**   |  | **Supervisor:** |  |
| City/State: |  | Dates of Employment: |  |
| Telephone: |  | Reason for Leaving: |  |
| Job Title: |  | Ending Salary: |  |
| Duties: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous Employer:**   |  | **Supervisor:** |  |
| City/State: |  | Dates of Employment: |  |
| Telephone: |  | Reason for Leaving: |  |
| Job Title: |  | Ending Salary: |  |
| Duties: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous Employer:**   |  | **Supervisor:** |  |
| City/State: |  | Dates of Employment: |  |
| Telephone: |  | Reason for Leaving: |  |
| Job Title: |  | Ending Salary: |  |
| Duties: |

|  |
| --- |
| **References:** Give three (3) references, not relatives or former employers. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Occupation: |  |
| Address: |  | Phone: |  |
|  |
| Name: |  | Occupation: |  |
| Address: |  | Phone: |  |
|  |
| Name: |  | Occupation: |  |
| Address: |  | Phone: |  |
|  |  |  |  |

|  |
| --- |
| **Applicants Statement** |

|  |
| --- |
| I understand that this application will be reviewed, but nothing in this application or any other documents or in the employment evaluation process shall be construed as either an offer or contract of employment or an obligation on the part of Farmers Rural Electric to provide any benefit to me. **(Initial here\_\_\_\_\_\_\_)** |
|  |
| Farmers Rural Electric is an Equal Opportunity Employer and does not discriminate on the basis of race, age, religion, national origin, color, sex, veteran status or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on job-related factors. **(Initial here\_\_\_\_\_\_)** |
|  |
| I hereby affirm that the information provided on this application (and resume submitted) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may result in my discharge if discovered at a later date. **(Initial here \_\_\_\_\_\_\_\_)** |
|  |
| I authorize a thorough investigation of my past employment and activities, including investigation of criminal history, employment history and educational background and credentials. I agree to cooperate in such investigation, and release from all liability or responsibility all persons or corporations requesting or supplying such information. **(Initial here\_\_\_\_\_\_\_\_)** |
|  |
| I understand that my employment, if hired is employment-at-will, that I am not being employed for any specific time that this application is not and is not intended to be a contract for employment or continued employment, and that the employer or I may terminate my employment at any time with our without cause or notice. **(Initial here\_\_\_\_\_\_\_\_\_)** |
|  |
| I hereby agree to submit to any drug or alcohol testing, and/or physical examination to determine fitness for duty that may be required as a condition of my employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. **(Initial here\_\_\_\_\_\_\_)** |
|  |
| I authorize investigation of these statements. This investigation may include employment history, reasons for leaving previous employers, criminal history, credit record, driving record, and degree/certificate verification. I hereby release Farmers Rural Electric from all liability for any damages resulting from the information obtained.  **(Initial here\_\_\_\_\_\_\_)** |
|  |
| You are not required to supply any information that is prohibited by Federal, State, or Local law. |

APPLICANT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_