



Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____ Social Security #: _____

Type of employment desired: _____ full-time _____ part-time _____ temp

Date you will be available to start work: _____

Are you able to meet the attendance requirements? _____ yes _____ no

Do you have any objection to working overtime if necessary? _____ yes _____ no

Can you travel if required by this position? _____ yes _____ no

Have you ever been previously employed by our organization? _____ yes _____ no

Can you submit proof of legal employment authorization and identity? _____ yes _____ no

If you are under 18, do you have a work permit if it is required? _____ yes _____ no

Have you ever served in the Armed forces? If yes which war/conflict? _____ no

Have you ever been convicted of a crime in the last 7 years? _____ yes _____ no

If yes, please explain (a conviction will not automatically bar employment). _____

Driver's license number (if driving is an essential job duty): _____

How were you referred to us? _____

Employment History

Please provide employment information for your past three employers most recent first.

Employer: _____ Position Held: _____

Address: _____ Telephone #: _____

Immediate Supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

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Address: _____ **Telephone #:** _____
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Immediate Supervisor and title: _____
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Job summary: _____
Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:
High School: _____
College: _____
Technical/Other: _____

Reference:

List 3 references' names, telephone numbers, and years known (do not include relatives or employers):
(use back of page if needed)
1. _____
2. _____
3. _____

I hereby authorize Rural Electric during the application process and at any time during the time of my employment to procure a consumer report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. This report may be compiled with information from credit bureaus, court records, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registrations entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I also hereby release from liability Rural Electric and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ **Date:** _____



Job Qualification Form

Supervisor/Manager: _____ Date: _____

Position: _____ Start Date: _____

Applicant Name: _____

Current Address: _____

City _____ ST _____ ZIP _____ DOB ____/____/____

Home Phone #: _____ Social Security # _____ - _____ - _____

Cell Phone # _____ DL# _____ State _____

Training Required by Company: Annual Safety Training and QMS Awareness as well as training needed as per job description. (Listed in job description)

Training Synopsis: (List date of Expiration, completion or start date where applicable)

_____ First Aid _____ CPR _____ Field Training

_____ Trench Safety _____ Apprenticeship Program _____ CSE

_____ Forklift Training _____ OSHA 10HR _____ CDL class (_____)

_____ High School _____ GED _____ Degree _____ Where?

When completed? _____ Major _____ Other _____

Short term Goal:(ie..training needs or continued education) _____

Long Term Goal:(ie...position in the company etc.) _____

Notes from Interviewer: _____

All Documentation of training is to be kept in employee files and updated regularly. It is the responsibility of the employee/Supervisor to provide the information to HR. All records will be retained in the employee file for a period of not longer than 3 yrs after employee leaves the company.
I attest that all the information given by me is the truth to the best of my knowledge.

Prospective Employee Signature: _____ Date _____

Supervisor Signature: _____ Date _____

Pre-Employment Drug Screening/MVR Consent Form

Acknowledgment of Receipt and Understanding

I understand that all applicants are required, as a condition of employment, to take a drug screening test and hold a valid Drivers License.

I consent freely and voluntarily to the Company's request for a sample for the purpose of determining the presence of illegal drugs or other controlled substances.

I further understand that either failure to submit a sample or if analysis reveals the presence of drugs or other controlled substances, I will be disqualified from any further employment consideration.

I have received and reviewed a copy of the Company's Substance Abuse Policy and will comply with its requirements in the event I am employed.

I hold harmless the Company, its officers, agents, employees, shareholders, directors and volunteers as well as the testing agency from any claims I may have against any or all of them arising out of the drug screening test and its use to determine whether I may be employed by the Company.

I further understand I will also not be considered for employment if I do not hold a valid driver's license insurable by the company driver's insurance policy. I give my consent to the company to obtain a current MVR so I may be qualified to drive a company vehicle if the need arises for me to drive a company vehicle.

I have read this form in full and understand the above statements and that the offer to hire is contingent upon the conditions set forth herein.

Name as it appears on License (print):

Signature:

Social Security Number:

Driver's License # :

State of DL Issue:

DOB:

Hiring State:

Date:
