

SOUTHEAST ELECTRIC COOPERATIVE, INC.
P.O. Box 369
Ekalaka, MT 59324
(406) 775-8762

Employment Application Form

Name: _____

Present Address: _____

Permanent address: _____

Home Phone: _____ Work Phone: _____

Driver's License number: _____ CDL? Y/N _____

Position you are applying for: _____ Date you can start: _____

Desired salary: _____ Are you willing to relocate? _____

Have you ever been convicted of a felony? _____ If YES, please explain _____

Have you ever been terminated or asked to resign from any position of employment? _____

If YES, please explain _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? _____

Education	Name and location of school	Years attended	Degree	Program: major/minor
College				
Highschool				

Other (including conferences, workshops, seminars):

Honors, achievements, extracurricular activities, hobbies, or interests

EMPLOYMENT HISTORY (Most recent first)

1. Employer _____ Job Title _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Dates Employed _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

2. Employer _____ Job Title _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Dates Employed _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

3. Employer _____ Job Title _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Dates Employed _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

4. Employer _____ Job Title _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Dates Employed _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

MILITARY SERVICE

Branch of Service _____ From _____ to _____

Ranking at time of Discharge _____

Description of duties _____

REFERENCES (please list personal and professional references that we may contact)

Professional

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Personal

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

ACKNOWLEDGEMENT AND CERTIFICATION

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should enquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules, regulations, and policies of the Employer.

Signature of Applicant

Date

SOUTHEAST ELECTRIC COOPERATIVE, INC.

P.O. Box 369, Ekalaka, MT 59324-0369

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