

# Employment Application

## Se-Ma-No Electric Cooperative

*Se-Ma-No Electric Cooperative* places great emphasis on customer service, teamwork, problem solving, and innovation. We look for people who exemplify these qualities and are willing to work hard for our membership. Se-Ma-No Electric Cooperative is an equal opportunity employer.

**Applicant Name** \_\_\_\_\_

**Today's Date** \_\_\_\_\_

## Personal Information (Please Print Clearly)

_____		
Last Name	First Name	Middle Name
Street Address _____		
City _____	State _____	Zip Code _____
Previous address if less than 5 years at current address _____		
_____		
Home Phone _____		Work Phone _____
Fax _____	E-Mail _____	

I understand that upon employment, proof of legal right to work in the United States and completion of I-9 form will be required.

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

If you are under 18 years of age, do you have a work permit?  Yes  No

Have you ever been convicted of a felony?  Yes  No If yes explain \_\_\_\_\_

Do you have a valid driver's license?  Yes  No License # \_\_\_\_\_ Expires \_\_\_\_\_

Do you have a valid Commercial Driver's License (CDL)?  Yes  No License # \_\_\_\_\_ Expires \_\_\_\_\_

Can you travel if the position requires travel?  Yes  No

If you have ever worked under or earned degrees under another name, please list below:

_____		
Last Name	First Name	Middle Name

## Position Desired

Position Applied for \_\_\_\_\_

How did you learn \_\_\_\_\_  
of this vacancy? \_\_\_\_\_ Date Available \_\_\_\_\_

Salary Desired (Annual) \$ \_\_\_\_\_

Are you able to perform the essential functions of this position?  Yes  No

If no, what accommodation would make it possible for you to perform this job? \_\_\_\_\_  
\_\_\_\_\_

Have you previously been employed by *Se-Ma-No Electric Cooperative* or another electric cooperatives? No  Yes

If yes, indicate position, department, and dates: \_\_\_\_\_  
\_\_\_\_\_

Do you have any relatives employed at *Se-Ma-No Electric Cooperative*?  Yes  No  
If Yes, who? \_\_\_\_\_

Se-Ma-No Electric Cooperative is an equal opportunity employer and recruits, advertises, employs, promotes, transfers, disciplines, and discharges without regard to race, color, religion, national origin, age, sex, marital status, ancestry, physical or mental disability, or veteran status.

## Education and Training

### Indicate Last Level of Education Completed

High School  1  2  3  4 College or University  1  2  3  4 Graduate School  1  2  3

Type of Education	Name and Location ( City, State, Country)	GPA	Did you graduate?	Major and Minor	Degree Earned

Professional certifications and licenses (such as CPA, NASD series 6) \_\_\_\_\_  
\_\_\_\_\_

Computer skills (software programs, hardware, operating systems) \_\_\_\_\_  
\_\_\_\_\_

Other skills or experience that are pertinent to the job applied for \_\_\_\_\_  
\_\_\_\_\_

## Employment History (Please Print Clearly)

**MUST BE COMPLETED EVEN IF ATTACHING YOUR RESUME.**

List your last three employers with the most recent first.

If you are currently employed, may we contact your employer?  Yes  No

Previous Employer \_\_\_\_\_

Dates Employed—From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Contact's Phone Number \_\_\_\_\_ Address \_\_\_\_\_  
NumberNumberNumbeP

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Supervisor's Name \_\_\_\_\_ Supervisor's Job Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

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Previous Employer \_\_\_\_\_

Dates Employed—From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Contact's Phone Number \_\_\_\_\_ Address \_\_\_\_\_

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Supervisor's Name \_\_\_\_\_ Supervisor's Job Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

Dates Employed—From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Contact's Phone Number \_\_\_\_\_ Address \_\_\_\_\_

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Supervisor's Name \_\_\_\_\_ Supervisor's Job Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

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### Professional References (Please list only references that we may contact at this time)

Name	Title	Company	Phone Number
			Home
			Work
			Home

			Work
			Home
			Work

## Affidavit

**Nonbinding Application and Interview Process:** 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 *Se-Ma-No Electric Cooperative* to provide any benefit to me.

**Employment-At-Will:** 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 either *Se-Ma-No Electric Cooperative* or myself.

I hereby declare that my statements on this application and on my resume or documents provided by me to *Se-Ma-No Electric Cooperative* are true and correct to the best of my knowledge. I acknowledge and agree that providing any false information may result in a decision not to hire me, or if hired, may result in the termination of my employment. I also authorize investigation of these statements. This investigation may include employment history, reasons for leaving previous employers, criminal record, credit record, driving record, social security number investigation, and degree/certificate verification. I hereby release *Se-Ma-No Electric Cooperative* from all liability for any damages resulting from the information obtained. This application shall be considered active for a period of time not to exceed 180 days.

APPLICANT'S SIGNATURE

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