## **Employment Application**



# **ELECTRIC CO-OP**

Big Horn County Electric Cooperative, Inc. 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. Big Horn County Electric Cooperative, Inc. is an equal opportunity employer.

Applicants Name:	 	 	
Today's Date:			

### **Personal Information (Please Print Clearly)**

Last Name	First Name	Middle Name
	Street Address	
	Mailing Address	
City:	State:	Zip Code:
Previous address if less than 5-	years at current address:	
Home Phone Numb	per (	Cell Phone Number
Email:		
I understand that upon emplo	yment, proof of legal right to work in th I-9 form will be required.	e United States and completion o
Are you eligible to work for an	y United States employer at this time?	Yes No
If you are under 18 years of ag	e, do you have a work permit?	Yes No
Have you ever been convicted If yes, please explain:	of a felony? Yes No	
Do you have a valid driver's lice	ense? Yes No	
License #:	Expires:	
Do you have a valid Commerci	al Driver's License (CDL)?	s No
License #:	Expires:	
Can you travel if the position re	equires travel? Yes No	

If you have ever worked	or earned degrees unde	er another name, please	list below:	
Last Name	Fir	st Name	N	liddle Name
Position Desire	<u>ed</u>			
Position Applied For:				
How did you learn of thi	s vacancy?			
Salary Desired (Annually	·)\$	Date Available:		
Are you able to perform	the essential functions of	of this position?	es No	
If no, what accommodat	tion would make it possil	ble for you to perform th	is job?	
Have you previously bee cooperative?  If yes, indicate position,	department, and dates:	County Electric Coopera	ative, Inc. or an	other electric Yes No
Do you have any relative	es employed at Big Horn			Yes No
If yes, who?				Mertine and an analysis of the second
<b>Education and</b>	Training			
Indicate Last Level of Ed	ucation Completed:			
High School 1	2 3 4	College or University	1	2 3 4
	Graduate School	1 2	3	1

ype of Education	Name & Location (City, State, Country)	GPA	Did you Graduate	Major or Minor	Degree Earne
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			A second		
			Administration of the control of the		
			A STATE OF THE STA		
Professional cert	ifications and licenses (such as C	PA, NASD S	Series 6):		
	·	·			
		, , , , , , , , , , , , , , , , , , ,			
Computer skills I	software programs, hardware, o				
Compater skins į	sortware programs, naruware, o	herannig 2)	/stems)		
Other skills or ex	perience that are pertinent to th	e job appli	ed for:		
-					
	ent History (Please F		<u>learly)</u>		
	ETED EVEN IF ATTACHING YOUR				
Current or Previo	ous Employer:				
Dates Employed	- From: Month/Year		To:	Month/Yea	
Starting Salary: _		Ending	Salary:		
	Number:				
Supervisor's Nam	ne:	Superv	visor Job Title	•	

Your Job Title:		Your Duties:	
May we contact this employer:	Yes No		
Reason for leaving:			
Previous Employer:			
Dates Employed – From:	Month/Year	To:	Month/Year
Starting Salary:		Ending Salary:	
Contact's Phone Number:		Address:	
Supervisor's Name:			
Your Job Title:			
•			
May we contact this employer:  Reason for leaving:	<b></b>		100000000000000000000000000000000000000
Previous Employer:			
Dates Employed – From:	Month/Year	To:	Month/Year
Starting Salary:		Ending Salary:	

Contact's Phone Number:		Address:			
		Supervisor Job Title:			
		Your Duties:			
May we contact this e	employer: Yes	No			
Reason for leaving:					
Drofossional	Poforonco (a)				
Professional	Reference (Please	list only references that we r	nay contact at this time)		
Name	Title	Company	Phone Number		
			Home		
			Work		
			Home		
			Work		
			Home		
			Work		
			Home		
			1		

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 **Big Horn County Electric Cooperative, Inc.** 

**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 Big Horn County Electric Cooperative, Inc. or myself. **Big Horn County Electric Cooperative, Inc.** 

I hereby declare that my statements on this application and on my resume or documents provided to me by **Big Horn County Electric Cooperative**, **Inc.** 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 **Big Horn County Electric Cooperative**, **Inc.** 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.

Applicants Signature:		 
Date:		
For Office Use ONLY:		
Date Received:	_	
Received by:		



**NRECA Member**