

OFFICE USE ONLY

CLARK ELECTRIC COOPERATIVE APPLICATION FOR EMPLOYMENT

Clark Electric Cooperative is an equal opportunity employer. No information provided here will be used in an unlawful manner. Please complete in your own handwriting and use black ink. Answer each question. Read and sign page 3. Read and sign attached HR#4C "Statement of Understanding".

POSITION APPLIED FOR:

GENERAL INFORMATION

Name _____ Soc. Security _____ - _____ - _____
Last First Middle Number

Mailing Address _____
Number Street City State Zip Code

Telephone Number: Home () _____
Work () _____ (optional)

☐ Yes ☐ No Are you under the age of 18?

☐ Yes ☐ No Do you have a valid driver's license? (A valid driver's license is a job-related requirement of some positions at Clark Electric Cooperative.)

☐ Yes ☐ No Are you related by blood or marriage to any of the following persons: an employee of Clark Electric Cooperative; an employee of a member distribution cooperative.

If the answer is "yes," state the name(s), relationship(s), and position(s) held by the person(s) to whom you are related

☐ Yes ☐ No Are you a U.S. citizen? You will be required as a part of the application process to provide any employment eligibility verification mandated by the federal government.

☐ Yes ☐ No Have you ever been employed by Clark Electric? If yes, provide dates of employment.

EMPLOYMENT HISTORY

Provide the employment information requested below. Begin with your present or most recent employment. Use the back of this form (page 4) to complete your employment history (if necessary).

<p>Employer Name and Address: _____ _____ _____</p> <p>Phone Number: () _____</p> <p>Type of Business: _____</p> <p>Starting Salary: \$ _____ Ending Salary: \$ _____</p> <p>Name of Supervisor(s): _____</p> <p>Phone Number: () _____</p>	<p>Job Title: _____</p> <p>Describe the work you did: _____ _____ _____</p> <p>From: _____ / _____ To: _____ / _____ Month Year Month Year</p> <p>Reason for Leaving: _____ _____</p>
<p>Employer Name and Address: _____ _____ _____</p> <p>Phone Number: () _____</p> <p>Type of Business: _____</p> <p>Starting Salary: \$ _____ Ending Salary: \$ _____</p> <p>Name of Supervisor(s): _____</p> <p>Phone Number: () _____</p>	<p>Job Title: _____</p> <p>Describe the work you did: _____ _____ _____</p> <p>From: _____ / _____ To: _____ / _____ Month Year Month Year</p> <p>Reason for Leaving: _____ _____</p>
<p>Employer Name and Address: _____ _____ _____</p> <p>Phone Number: () _____</p> <p>Type of Business: _____</p> <p>Starting Salary: \$ _____ Ending Salary: \$ _____</p> <p>Name of Supervisor(s): _____</p> <p>Phone Number: () _____</p>	<p>Job Title: _____</p> <p>Describe the work you did: _____ _____ _____</p> <p>From: _____ / _____ To: _____ / _____ Month Year Month Year</p> <p>Reason for Leaving: _____ _____</p>

May we contact the employers listed above? Yes ☐ No ☐

If no, indicate which employer(s) we should not contact: _____

EDUCATION AND TRAINING

Indicate all schools that you have attended.

	High School	Vocational/Technical	College/University	Graduate School
School Name and Address				
Circle Last Year Completed	9 10 11 12	13 14	13 14 15 16	17 18 19 20
Diploma/Degree and Year Graduated				
Major Course(s) of Study				
Other Post High School Courses Completed				

SPECIALIZED TRAINING OR SKILLS: List current typing and/or shorthand speed, personal computer training, computer literacy, welding certification, special licenses, etc., that you possess that pertain to the position for which you are applying.

SERVICE IN THE ARMED FORCES

From: / /
Month Day Year

To: / /
Month Day Year

Branch of Armed Forces: Rank:

General Duties/Training:

APPLICANT AUTHORIZATION

READ CAREFULLY BEFORE SIGNING

I certify that the facts contained in this application for employment at Clark Electric Cooperative are true and complete to the best of my knowledge. I understand that any misrepresentations, falsifications, or deliberate omissions will result in my immediate dismissal.

I authorize investigation of all statements herein. I also authorize by my signature below or a copy thereof, the organizations and individuals referred to herein to furnish information to the Cooperative. The Cooperative shall be held harmless should it, in processing this employment application, rely on information provided from these sources, even if the information provided is inaccurate or erroneous.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures or handbooks that I might receive, is intended to create an employment contract between Clark Electric Cooperative and myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Cooperative. If an employment relationship is established, I understand that I have a right to terminate my employment at any time, for any reason or for no reason, and Clark Electric Cooperative retains a similar right regarding the discontinuation of my employment subject only to the terms of a collective bargaining agreement, if one applies, and to the full extent permitted by law.

Signed _____

Date _____

[illegible]

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Clark Electric Cooperative
DRIVER APPLICATION
(Supplemental Form)

Clark Electric Cooperative is an equal opportunity employer. No information provided here will be used in an unlawful manner.

(ANSWER ALL QUESTIONS – PLEASE PRINT)

Date of Application _____

Position Applied For: _____

GENERAL INFORMATION			
Name: _____			
_____	_____	_____	_____
_____	_____	_____	_____
Social Security No. _____		Date of Birth: _____	
		Required for Drivers	
Address (es) for past three (3) years: _____			How Long? _____
_____	_____	_____	_____
_____	_____	_____	_____
			How Long? _____

EMPLOYMENT FOR THE PAST 10 YEARS (If more space is required, attach separate sheet). Begin with your present or most recent employment			
Employer Name: _____			
Address: _____			
Position Held: _____	From: _____	To: _____	Salary: _____
Reasons for Leaving: _____			
Employer Name: _____			
Address: _____			
Position Held: _____	From: _____	To: _____	Salary: _____
Reasons for Leaving: _____			
Employer Name: _____			
Address: _____			
Position Held: _____	From: _____	To: _____	Salary: _____
Reasons for Leaving: _____			
Employer Name: _____			
Address: _____			
Position Held: _____	From: _____	To: _____	Salary: _____
Reasons for Leaving: _____			

(Over)

EXPERIENCE AND QUALIFICATIONS – DRIVER

	Type	State	License No.	Expiration Date
REGULAR, CDL AND PERMITS				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

☐

Yes

☐

No

B. Has any license, permit or privilege ever been suspended or revoked?

☐

Yes

☐

No

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Two Trailers				
Other				

List states operated in for last three years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom: _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

	Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

**TRAFFIC CONVICTIONS AND FOREFEITURES FOR THE PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS)**

Location	Date	Charge	Penalty

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, and medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. 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 and regulations of Clark Electric Cooperative, as permitted by law.

Date

Applicant's Signature

OTHER INFORMATION
