

Application for Employment

Instructions: It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, or any other protected characteristic.

Name _____

Phone (____) _____

Address _____

City/State/Zip _____

Position applied for _____

Shift preferred 1 2 3 Any

Expected pay _____

Would you accept full-time work? Yes No

Would you accept part-time work? Yes No

On what date would you be available for work? _____

Have you ever been employed here before? No Yes Dates _____

If you are under 18 years old, can you provide a work permit if required? Yes No

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

Have you ever been fired or asked to resign from a job? Yes No If yes, please explain

Special training or skills:

Languages, machine operation, etc. that would be of benefit in the job for which you are applying.

Are you legally eligible for employment in the United States? Yes No

If yes, proof is required if hired.

For Office Use Only

Applicant # _____

Employee # _____

Hire Date _____

Position _____

Rate _____

Class _____

Skill _____

Other _____

Notes: _____

Attachments

Resumé

Applicant Reference Check

Applicant Interview

Payroll Change Notice

Employee DataCard

Employment Experience

Place an by the employer(s) you **do not** want us to contact. List your most recent employer first.

1. Employer _____
 Address _____
_____ Phone () _____
Job Title _____ Supervisor _____
Dates Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting _____ final _____
Worked Performed _____
Reason for Leaving _____

2. Employer _____
 Address _____
_____ Phone () _____
Job Title _____ Supervisor _____
Dates Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting _____ final _____
Worked Performed _____
Reason for Leaving _____

3. Employer _____
 Address _____
_____ Phone () _____
Job Title _____ Supervisor _____
Dates Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting _____ final _____
Worked Performed _____
Reason for Leaving _____

4. Employer _____
 Address _____
_____ Phone () _____
Job Title _____ Supervisor _____
Dates Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting _____ final _____
Worked Performed _____
Reason for Leaving _____

Educational Background

Grammar School:

Name of school _____ Location _____
Course of study _____ Did you graduate? Yes No Degree or diploma _____ Years completed _____

High School:

Name of school _____ Location _____
Course of study _____ Did you graduate? Yes No Degree or diploma _____ Years completed _____

College:

Name of school _____ Location _____
Course of study _____ Did you graduate? Yes No Degree or diploma _____ Years completed _____

Graduate School:

Name of school _____ Location _____
Course of study _____ Did you graduate? Yes No Degree or diploma _____ Years completed _____

Vocational Training — Other

Name of school _____ Location _____
Course of study _____ Did you graduate? Yes No Degree or diploma _____ Years completed _____

Continuing Education

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE OR MISLEADING INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I UNDERSTAND THAT THESE RULES AND OR THE EMPLOYEE HANDBOOK DO NOT FORM A CONTRACT OF EMPLOYMENT EITHER EXPRESSED OR IMPLIED, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's Signature _____ Date _____

This Application for Employment has been prepared for general use throughout the United States. Neither HRdirect nor its counsel or advisors assume any responsibility for the inclusion in the Application for Employment of any questions which may violate local, state, or federal laws. Users should consult their own legal counsel about any questions they may have concerning this form or its use.

Applicant: Do not write on this page. For office use only.

Interview Results

Interviewer	Date	Comments

Test Results

Tests Administered	Date	Score	Rating	Comments and Interpretation

Reference Check

Results of Reference Check

Employer 1

Employer 2

Employer 3

Employer 4

AFFIRMATIVE ACTION INFORMATION FORM

To All Applicants:

Sho-Me Power Electric Cooperative offers equal opportunity for employment, advancement and continuation of employment to all qualified individuals, regardless of race color, religion, sex, age, national origin or handicap. To enable Sho-Me Power Electric Cooperative to comply with Federal and State equal employment opportunity record keeping, reporting and other legal requirements, please answer the following questions. This Affirmative Action Information Form will be maintained by the EEO Coordinator in a file separate from the attached Application for Employment. The information shall be kept confidential.

This information is *voluntarily* provided and you do not have to answer any question you believe to be discriminatory. Refusal to answer questions will not affect consideration of you as a future employee of Sho-Me Power Electric Cooperative. This will be retained separately from your Application in a limited access file, and will be used for statistical purposes only. *Thank you.*

PLEASE PRINT

Date: _____ Position applied for: _____

Name:			Phone No.:
	(Last)	(First)	(Middle)
Address:			
	(City)	(State)	(Zip Code)
Referred by:	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Company Employee	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Private or State Employment Agency	<input type="checkbox"/> Other (please specify)	
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

Race/Ethnic group:

- | | |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Black or African American (not Hispanic or Latino) |
| <input type="checkbox"/> American Indian or Alaska Native
(not Hispanic or Latino) | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
(not Hispanic or Latino) |
| <input type="checkbox"/> White (not Hispanic or Latino) | <input type="checkbox"/> Asian (not Hispanic or Latino) |
| <input type="checkbox"/> Two or more races (not Hispanic or Latino) | |

Do you have a disability, a handicap or a medical condition that may affect your employment? Yes No
 If yes, please specify and indicate any accommodation required of an employer for your condition.

Are you a protected veteran?
 (Serving on active duty during a war or campaign for which a campaign badge was authorized) Yes No

Are you a Vietnam era veteran? Yes No

Are you a disabled veteran? Yes No

Do you have any religious beliefs which would require an employer to make accommodation for you in work scheduling? Yes No
 If yes, please specify: