



Application for Employment

PO Box 730
 Bismarck, ND 58502-0730
 701-223-1513
 An Equal Opportunity Provider and Employer

Attention: _____
 Position Applying for: _____
 Date: _____

P E R S O N A L	Last Name		First	MI	Social Security Number		
	Address				Home Phone	Cell Phone	
	City		State	Zip Code		E-mail Address	
	Do you have a valid drivers license? Yes No State _____ Class _____				Salary Expected		
	When will you be available for employment?				Will you accept temporary or part-Time work? Yes No		
	What is your primary occupation, trade or profession?				Are you over the age of 18? Yes No		
	How did you hear of our organization and/or this position?				Are you legally entitled to work in the United States? Yes No		

E D U C A T I O N	School	Name and Location of School	Course of Study/Degree	Dates Attended	Did you Graduate?
	High School		N/A	N/A	
	College				
	Graduate				
	Other				
	List any educational honors, activities, achievements:				

S K I L L S	Describe any other special skills, training or abilities you have such as: Typing, languages, computers, equipment operation, etc.

M I L I T A R Y	Complete this section if you served in the U.S. Military	Branch of Service
	Describe your duties or special training that relate to this application	Period of Active Duty (Month & Year)
		From: _____ To: _____
		Rank at Discharge
		Date of Final Discharge

P R O F E S S I O N A L	Describe your position, activities, and experience in any applicable professional or civic organizations: List information about any licenses you hold (State, number, date issued, date of expiration)

R E F E R E N C E S	List up to 3 personal references other than employers or relatives:		
	Name	Address & Phone No.	Business or Occupation

H E A L T H	Are there any positions or job duties for which you should not be considered? Explain
	Are there reasons why you cannot perform the functions associated with the position for which you are applying? Explain (Job descriptions and duties are available for your review)
	What is the date of your last physical examination?
	Are there reasons why you would not take a physical examination by a physician of our choice upon employment? Explain
	State the names and addresses of persons to be notified in the case of accident or emergency:

O T H E R	Describe any criminal convictions:
	State the names of any relatives who are directors, officers, or employees of this company:

R E M A R K S	Add any statements you feel may clarify or add to the questions in this application. Also add anything you feel may affect the consideration of this application.

R E S U M E	You may attach any additional resume information if you desire.
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S I G N A T U R E	<p>I hereby certify that the information provided in this Application for Employment is true, correct, and complete. I understand that any falsified information, misstatement, or omission of fact on this application shall be considered as sufficient cause for discharge.</p> <p>I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.</p> <p>I agree to conform to the rules, regulations and policies of Capital Electric Cooperative, Inc. and acknowledge that these rules, regulations, policies and any other terms and conditions, including benefits, may be changed by Capital Electric Cooperative, Inc. at any time and without prior notice to me.</p> <p>I authorize you to investigate all statements in this application, including my credit and personal history, medical, education, employment, references, or driving records.</p> <p>I acknowledge that I have read and understand these terms.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date Signature</p>
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N O T E S	FOR OFFICE USE ONLY: