

**APPLICATION FOR EMPLOYMENT**

***COLUMBUS ELECTRIC COOPERATIVE, INC.***

Columbus Electric Cooperative, Inc. is an equal opportunity employer and does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, gender, sexual orientation, marital status, physical or mental disability or military status.

This Application is valid for thirty (30) days only. Consideration for employment after thirty (30) days requires a new Application.

POSITION SOUGHT \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF AVAILABILITY \_\_\_\_\_

**PERSONAL INFORMATION:**

Name \_\_\_\_\_  
Last First Middle

Physical Address \_\_\_\_\_  
Number & Street City State Zip Code

(If different from above)  
Mailing Address \_\_\_\_\_  
Street or Box Number City State Zip Code

Phone Number \_\_\_\_\_ e-mail address \_\_\_\_\_

SSN: \_\_\_\_\_

Are you over the age of 18? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Can you perform the essential functions of the position for which you are applying? (If you have any questions as to what functions are deemed essential to the position, please ask the interviewer before answering this question.) \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a valid driver's license?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state and license number? \_\_\_\_\_

Have you ever worked for this Company before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

Do you know anyone who works for this company? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who? \_\_\_\_\_

Do you have any relatives or friends who work for or are affiliated with this company?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, who? \_\_\_\_\_

**EDUCATIONAL INFORMATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: \_\_\_\_\_

Name City State

Diploma/G.E.D. \_\_\_\_\_ Yes \_\_\_\_\_ No

College or Vocational \_\_\_\_\_

Name City State

Number of years attended \_\_\_\_\_ Degree \_\_\_\_\_

Other School or Program \_\_\_\_\_

Name City State

Number of years attended \_\_\_\_\_ Degree \_\_\_\_\_

Other School or Program \_\_\_\_\_

Name City State

Number of Years attended \_\_\_\_\_ Degree \_\_\_\_\_

Other Training or Certificates \_\_\_\_\_

Professional Licenses of Membership \_\_\_\_\_

Do you have a valid Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

State of Issue \_\_\_\_\_ Number \_\_\_\_\_

Have your driving privileges ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when, where and why? \_\_\_\_\_

As a driver, have you been in a vehicle accident in the past three years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**EMPLOYMENT HISTORY:** Begin with most recent employment first.

Have you ever been terminated from employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, by whom and why? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No Since when? \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Number & Street

City

State

Zip Code

Phone Number \_\_\_\_\_ Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ e-mail address \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Number & Street

City

State

Zip Code

Phone Number \_\_\_\_\_ Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ e-mail address \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Number & Street

City

State

Zip Code

Phone Number \_\_\_\_\_

Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

e-mail address \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Number & Street

City

State

Zip Code

Phone Number \_\_\_\_\_

Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

e-mail address \_\_\_\_\_

**REFERENCES:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Number & Street

City

State

Zip Code

Phone Number \_\_\_\_\_

e-mail address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Number & Street

City

State

Zip Code

Phone Number \_\_\_\_\_

e-mail address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Number & Street

City

State

Zip Code

Phone Number \_\_\_\_\_

e-mail address \_\_\_\_\_

## **APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in this Application are true and accurate to the best of my knowledge and I authorize Columbus Electric Cooperative, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Columbus Electric Cooperative, Inc. from any and all liability of whatever kind and nature which, at any time, could result from obtaining or having an employment decision based on such information.

I understand that Columbus Electric Cooperative, Inc. strives to maintain a drug and alcohol free workplace and that after an offer of employment is extended a medical examination may be performed and that such examination may include a drug or alcohol screening procedure.

I understand that, if employed by Columbus Electric Cooperative, Inc., falsified statement of any kind or omissions of facts called for in this Application or in any medical examination shall be considered sufficient basis for denial of employment or for dismissal from employment.

I understand that neither the completion of this Application nor any other part of my consideration for employment establishes any obligation for Columbus Electric Cooperative, Inc. to hire me.

I understand that should an offer of employment be extended by Columbus Electric Cooperative, Inc. and accepted by me, I agree to fully adhere to all policies, rules and regulations of employment of Columbus Electric Cooperative, Inc. I further understand that neither the policies, rules or regulations of employment or anything said during the interview and hiring process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and is at-will and that either I or Columbus Electric Cooperative, Inc. may terminate my employment at any time with or without notice or cause.

I understand, that if employed by Columbus Electric Cooperative, Inc., applicable laws require me to provide certain information, including date of birth and country of origin and to prove my eligibility for employment by providing certain documents establishing my identity and employment eligibility.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_