



# United Electric

CO-OP INC.

## Application for Employment An Equal Opportunity Employer

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. **PLEASE PRINT**, except for signature on back of Application. All information given will be available only to persons who have a "need to know" or as required by law. This company will make reasonable accommodation in the application process, if needed. Please contact Trisha Moultrie at 208-679-2222 or tmoultrie@uec.coop if you need assistance with the application process.

### PERSONAL INFORMATION (Please print)

<b>Name</b>		Last	First	Middle Initial	<b>Date</b>
<b>U.S. Applicant Only:</b>					
Are you legally eligible for employment in the U.S.? (Circle One)      Yes      No <i>All new hires will be required to provide proof of eligibility to work in the U.S.</i>					
Have you ever been convicted of a criminal offense?    Yes___    No___    (A conviction will not necessarily disqualify an applicant.) If yes, please explain: _____					
Are you over 18 years of age?    Yes___    No___					
<b>Present Address</b>		Street			Apt
City		State		Zip Code	
<b>Phone Number</b>		Day	Evening	<b>Referred By</b>	

### EMPLOYMENT DESIRED

Position		Salary Desired
Date available to start	May we contact your current employer?    Yes      No	
Which type of Employment are you seeking:    Full-Time_____    Part-time_____    Temporary or Summer_____		

### EDUCATION HISTORY

Level	Name & Location of School	Graduate (Y/N)	Area of Study
High School			
College			
Other job-related education			
List skills relevant to the position applied for:			
<i>(For driving positions only)</i>			
Do you have a valid driver's license?    Yes      No		License Number and State Issued _____	
If you are an experienced operator of any business/plant machines or equipment, please list:			
<b>Computer Proficiency:</b>			
<input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Other (List)			

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### RECORD OF EMPLOYMENT

1. Name of Current/Most Recent Employer		Address	Telephone	Type of Business
Dates Employed		Reason for Leaving	Supervisor's Name and Title	
From	To			
Mo.    Yr.	Mo.    Yr.			
List the jobs you held, duties performed, skills used or learned, advancements or promotions.				

2. Name of Next Previous Employer		Address	Telephone	Type of Business
Dates Employed		Reason for Leaving	Supervisor's Name and Title	
From	To			
Mo.    Yr.	Mo.    Yr.			
List the jobs you held, duties performed, skills used or learned, advancements or promotions.				

3. Name of Next Previous Employer		Address	Telephone	Type of Business
Dates Employed		Reason for Leaving	Supervisor's Name and Title	
From	To			
Mo.    Yr.	Mo.    Yr.			
List the jobs you held, duties performed, skills used or learned, advancements or promotions.				

4. Name of Next Previous Employer		Address	Telephone	Type of Business
Dates Employed		Reason for Leaving	Supervisor's Name and Title	
From	To			
Mo.    Yr.	Mo.    Yr.			
List the jobs you held, duties performed, skills used or learned, advancements or promotions.				

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**PROFESSIONAL REFERENCES** (Give below the names of three (3) professional references, who you have known for at least one year)

Name	Address	Phone	Business	Relationship
Name	Address	Phone	Business	Relationship
Name	Address	Phone	Business	Relationship

**PERSONAL REFERENCES** (Give below the names of three (3) personal references, who you have known for at least one year)

Name	Address	Phone	Business	Relationship
Name	Address	Phone	Business	Relationship
Name	Address	Phone	Business	Relationship

**AUTHORIZATION**

This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, educational institutions, custodians of official records or other sources. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug and alcohol test.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. **I understand and acknowledge that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.** I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant