

# RED RIVER VALLEY RURAL ELECTRIC ASSOCIATION

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

This application will be considered only for the position in which you are applying. The following information is requested in order to help us make the best possible placement within the Cooperative. All portions of this application must be completed and legible.

The Cooperative, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, disability, genetic, veteran status or any other legally protected status.

The Cooperative has adopted an Anti-Nepotism policy with regard to full-time employment. Applicants who are closely related to an active member of the Cooperative's Board of Trustees, the spouse of an active member of the Cooperative's Board of Trustees, an active Employee of the Cooperative or the spouse of an active Employee of the Cooperative shall be ineligible for employment. Prohibited relationships include the following kinship whether by blood, marriage (in-law), half, foster, step or adoption: spouse, child, grandchild, parent, grandparent, siblings, aunt/uncle, niece/nephew or first cousin of a Board Trustee, Board Trustee's spouse, Employee or Employee's spouse.

Please indicate below the position in which you are applying:

Accounting Clerk	Director of Engineering	Lineman
Administrative Assistant	Director of Member Services	Line Superintendent
Administrative Assistant-Member Services	Director of Office Services	Meter Technician
Apprentice Lineman	Director of Safety, Loss Prevention and Purchasing	New Services Representative
Benefits Administrator	District Office Representative	Plant Accountant
Billing Representative	Electrical Technician	Plumbing Technician
Cashier/Head Cashier	Energy Advisor	Receptionist
CEO/General Manager	Field Engineer	Right-of-Way Supervisor
Consumer Account Representative	Fleet Supervisor	Serviceman
Director of Accounting	Heat & Air Technician	Warehouseman/Building Superintendent
Director of Distribution Services		

## GENERAL INFORMATION

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

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Telephone Number: Home : \_\_\_\_\_ Cell : \_\_\_\_\_

Are you 18 years of age or older? Yes No

Do you have a valid Class D driver's license? State: \_\_\_\_\_ Yes No

Do you have a commercial driver's license (CDL)? State: \_\_\_\_\_ Yes No

Are you related by blood or marriage to any Coop employee or Trustee? Yes No

If yes, identify relative by name and position: \_\_\_\_\_

Are you legally eligible to work in the United States? Yes No

How were you referred to the Cooperative? \_\_\_\_\_

Have you ever applied for a job with the Cooperative? Yes No

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

Have you ever been convicted of a Felony? Yes No

Have you ever been convicted of a power (electricity) theft or power diversion? Yes No

Are you willing to relocate if job requires it? Yes No

Are you willing to travel as part of your job duties? Yes No

Are you willing to work overtime when required by the job? Yes No

Are you willing to attend and participate in job related training if required? Yes No

*(Training may be held at locations other than your worksite and times other than your normal work schedule.)*

## **EDUCATION AND TRAINING**

Check highest year completed

High School            1 yr college            2 yr college            3 yr college            4 yr college

High school diploma or equivalent            Yes            No

College or Universities Attended:

Name	Location	Years Attended	Major	Degree
_____	_____	_____	_____	Yes            No
_____	_____	_____	_____	Yes            No
_____	_____	_____	_____	Yes            No
_____	_____	_____	_____	Yes            No

Vocational or Technical Certificated or Programs Completed and Skills or Trades Studied (other than listed above)

School	Studies, Certification or Programs Completed	Number of Years Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Education or Training (military, OJT, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Trade License (Type and state of issuance)

\_\_\_\_\_

\_\_\_\_\_

This section is extremely important. List special skills, past job experience and knowledge that you possess that would have a direct bearing to the job in which you are applying. Examples: specific job related training, short term certifications not listed under education, safety training, PPE use, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**READ INSTRUCTIONS. FILL OUT DETAILS IN EACH SECTION AS REQUIRED. BEGIN WITH PRESENT OR MOST RECENT EMPLOYMENT INCLUDING MILITARY EXPERIENCE. THIS SECTION MUST BE COMPLETED EVEN IF YOU ATTACH A RESUME.**

***EMPLOYMENT HISTORY***

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
May we contact for reference? Yes No Later

Reason for Leaving: \_\_\_\_\_

.....  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
May we contact for reference? Yes No Later

Reason for Leaving: \_\_\_\_\_

.....  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
May we contact for reference? Yes No Later  
Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
May we contact for reference? Yes No Later  
Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List three references who are NOT former employers or relatives.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Years known: \_\_\_\_\_  
May we contact this reference? Yes No

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Years known: \_\_\_\_\_  
May we contact this reference? Yes No

.....  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Years known: \_\_\_\_\_  
May we contact this reference? Yes ~~No~~

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

**IMPORTANT- PLEASE READ CAREFULLY AND SIGN**

I understand my employment will be subject to satisfactorily passing a post offer fit for duty test and a pre-employment drug screen test. In addition, if the position requires operation of a company vehicle I understand that a valid Driver's License and a satisfactory motor vehicle report is an additional requirement before employment.

I certify that all the answers I have given and statements I have made are true and correct. I authorize my previous employers and references to furnish any information requested concerning my personal character, work habits or employment records. I release all such persons from liability or damages incurred as a result of inquiry and furnishing this information. I understand that, if hired, any material omission or misrepresentation of facts furnished by me in this application or any other documents provided will be sufficient cause for discharge. I also understand that, if employed, my employment shall not be for any specific term and that I may terminate my employment at any time I choose on proper notice. I also understand that Red River Valley Rural Electric Association may terminate my employment at its discretion with or without cause.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_