



Application For Employment

H-D ELECTRIC COOPERATIVE, INC.

Address:
P. O. Box 1007 423 3rd Ave South
Clear Lake SD 57226

Phone: 605-874-2171
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H-D Electric is an equal opportunity employer. No information provided here will be used in an unlawful manner.

GENERAL INFORMATION:

Position for which you are applying:

Name: (last, first, middle initial)

Present Address (street, city, state, zip):

Social Security No:

Home Phone:

Business Phone:

Are you under the age of 18?

Yes No

Are you related by blood or marriage to any of the following persons: an employee of H-D Electric or a member of the H-D Electric Board of Directors?

Yes No

If the answer is "yes", state the name(s), relationship(s), and position(s) held by the person(s) to whom you are related: _____

Do you have the legal right to work in the United States? You will be required as a part of the application process to provide any employment eligibility verification mandated by the Federal government.

Yes No

Have you ever been employed by H-D Electric? If yes, provide dates of employment.

Employment History

Begin with your current or most recent position and work backwards; attach additional pages if necessary.

Job Title _____ Dates: From _____ To _____
Employer _____ City/State _____
Supervisor's Name / Title _____ Phone _____
Reason for Leaving _____ Starting Salary _____ Final Salary _____
Duties performed and knowledge or skills gained from this experience:

Job Title _____ Dates: From _____ To _____
Employer _____ City/State _____
Supervisor's Name / Title _____ Phone _____
Reason for Leaving _____ Starting Salary _____ Final Salary _____
Duties performed and knowledge or skills gained from this experience:

Job Title _____ Dates: From _____ To _____
Employer _____ City/State _____
Supervisor's Name / Title _____ Phone _____
Reason for Leaving _____ Starting Salary _____ Final Salary _____
Duties performed and knowledge or skills gained from this experience:

May we contact the employers listed prior to making an offer of employment to you? Yes No
If no, indicate which employer(s) we should NOT contact: _____

Other Knowledge, Skills, and Abilities

Summarize any other knowledge, skills, or qualifications that may be relevant to the position.

Education and Training

Do you possess a high school diploma or GED?

Yes No

EDUCATION

Name and Address of Post-Secondary School: _____

Number of Years Attended _____ Major _____ Minor _____

Did you graduate? Yes No Type of degree _____

Include Transcripts Please

Name and Address of Post-Secondary School: _____

Number of Years Attended _____ Major _____ Minor _____

Did you graduate? Yes No Type of degree _____

Include Transcripts Please

List all relevant licenses, certificates or registrations you possess (include expiration date, license number, and issuing state). Also identify any other educational experiences that may be relevant to the position for which you are applying.

Are you attending school or taking courses now?

Yes No

If yes, where? _____

List scholastic honors:

REFERENCES

Do not list previous employers or relatives. Include only individuals familiar with your work ability.

NAME	ADDRESS AND PHONE	OCCUPATION

AUTHORIZATION

Please read carefully and initial each paragraph before signing.

I certify that the facts contained in this application for employment at H-D Electric Cooperative, Inc., are true and complete to the best of my knowledge. I understand that any misrepresentations, falsifications, or deliberate omissions will result in my immediate dismissal.

_____ Initial

I authorize investigation of all statements herein. I also authorize by my signature below or a copy thereof, the organizations and individuals referred to herein to furnish information to the Cooperative. The Cooperative shall be held harmless should it, in processing this employment application, rely on information provided from these sources, even if the information provided is inaccurate or erroneous.

_____ Initial

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures, or handbooks that I might receive, is intended to create an employment contract between H-D Electric Cooperative, Inc., and myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Cooperative. If an employment relationship is established, I understand that I have a right to terminate my employment at any time, for any reason or for no reason, and H-D Electric Cooperative, Inc., retains a similar right to the full extent permitted by law.

_____ Initial

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime or a work schedule that includes Saturday and Sunday. I understand and accept these as conditions of employment, if hired.

_____ Initial

In the event that I am hired, I will abide by all of the Cooperative's rules, regulations, policies, and practices and understand that these may be changed from time to time at the discretion of the Cooperative.

_____ Initial

I understand that if offered employment by H-D Electric Cooperative, Inc., I will be required to undergo a physical examination which will include urine testing. Urinalysis will test for the presence of drugs and/or metabolites of the following controlled substances: (1) marijuana; (2) cocaine; (3) opiates; (4) amphetamines; and (5) phencyclidine (PCP).

_____ Initial

_____ Signature

_____ Date

RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY DRIVER / APPLICANT

Complete this page if you are a commercial driver's license holder only.

Date: _____

To be completed by driver / applicant.

During the past (2) years, have you **tested positive** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES NO

During the past (2) years, have you **refused to test** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES NO

If you answered yes to either of the questions above, please provide documentation of your successful completion of the return-to-duty process.

Dated this _____ day of _____, _____.

Name of Driver _____

Signature of Driver _____

Social Security Number _____ Witness _____

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