

# Grundy Electric Cooperative

4100 Oklahoma Avenue

Trenton, MO 64683

Phone 800.279.2249

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## Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Please print all responses.

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

Phone ( ) \_\_\_\_\_ Best time to call \_\_\_\_\_

Position(s) applying for \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ Temporary \_\_\_\_\_

Salary Expectations \$ \_\_\_\_\_ per \_\_\_\_\_ Date available \_\_\_\_\_

Have you ever applied for work with Grundy Electric Cooperative? Yes \_\_\_\_\_ (date) \_\_\_\_\_ No \_\_\_\_\_

Have you ever been employed by Grundy Electric Cooperative? Yes \_\_\_\_\_ (date) \_\_\_\_\_ No \_\_\_\_\_

How were you referred to Grundy Electric Cooperative? \_\_\_\_\_

Do you have any relatives who are presently (or have formerly been) employed by Grundy Electric Cooperative?

If yes, explain \_\_\_\_\_

Do you have the legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

**Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.**

# Educational Background

| Schooling Level               | School Name<br>City & State | Major/Minor | GPA | Did you graduate? If yes, list type of degree/diploma. If no, indicate number of years completed. |
|-------------------------------|-----------------------------|-------------|-----|---------------------------------------------------------------------------------------------------|
| High School                   |                             |             |     | Yes _____<br>No _____                                                                             |
| College(s) or University(ies) |                             |             |     | Yes _____<br>No _____                                                                             |
| Graduate School(s)            |                             |             |     | Yes _____<br>No _____                                                                             |
| Technical Training            |                             |             |     | Yes _____<br>No _____                                                                             |

Are you taking any courses at present? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Please list any other job-related courses that you have completed.

| <u>Course</u> | <u>Year Passed</u> | <u>Designation Received</u> |
|---------------|--------------------|-----------------------------|
| _____         | _____              | _____                       |
| _____         | _____              | _____                       |
| _____         | _____              | _____                       |

List any software programs you have experience using. \_\_\_\_\_

\_\_\_\_\_

List any other skills you have acquired which you feel we should be aware of in considering your application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Work History

List present and past work experience for the last five years beginning with your most recent job.

|                                                                                    |          |              |            |
|------------------------------------------------------------------------------------|----------|--------------|------------|
| 1.                                                                                 | Employer | From (mo/yr) | To (mo/yr) |
| Street Address                                                                     |          | City & State | Phone No.  |
| Your job title                                                                     |          | Supervisor   |            |
| Description of responsibilities                                                    |          |              |            |
| Reason for leaving ( if still employed, state reason for seeking other employment) |          |              |            |
| 2.                                                                                 | Employer | From (mo/yr) | To (mo/yr) |
| Street Address                                                                     |          | City & State | Phone No.  |
| Your job title                                                                     |          | Supervisor   |            |
| Description of responsibilities                                                    |          |              |            |
| Reason for leaving                                                                 |          |              |            |
| 3.                                                                                 | Employer | From (mo/yr) | To (mo/yr) |
| Street Address                                                                     |          | City & State | Phone No.  |
| Your job title                                                                     |          | Supervisor   |            |
| Description of responsibilities                                                    |          |              |            |
| Reason for leaving                                                                 |          |              |            |

If currently employed, may we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have ever been employed using a last name(s) other than your current name, please specify name and employer:

List and explain all periods of unemployment below, beginning with your most recent:

From \_\_\_\_\_ To \_\_\_\_\_ Explanation \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Explanation \_\_\_\_\_

## Professional References

*Please list professional references only (i.e. former supervisors, instructors or professional associates). Do not include relatives or friends.*

| Name and Occupation | Address | Phone | Years Known |
|---------------------|---------|-------|-------------|
|                     |         |       |             |
|                     |         |       |             |
|                     |         |       |             |

1. Do you have any objections to working overtime? Yes ☐ No ☐
2. Can you work overtime without prior notice? Yes ☐ No ☐

## Applicant Acknowledgments

By signing below, I hereby certify that all my answers and statements are true and complete. I authorize Grundy Electric Cooperative to make a thorough investigation of past employment, professional references and all other facts stated on this application. I release from all liability or responsibility all persons, places of business and municipalities supplying such information. I realize that falsification or omission of any information will be cause for rejection or dismissal.

I understand that if I accept employment at Grundy Electric Cooperative, I can terminate employment at any time and can be terminated at any time, with or without cause, and that there is no contract, express or implied, for continued employment.

Because of Grundy Electric Cooperative's policy to provide a smoke free environment, I agree to comply with the no smoking rule while at work.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Grundy Electric Cooperative, Inc.  
4100 Oklahoma Avenue  
Trenton, Missouri 64683  
800.279.2249

## BACKGROUND RESEARCH RELEASE

The undersigned, \_\_\_\_\_, in connection with this application, authorizes all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services, and former employers to release information they may have about me to Grundy Electric Cooperative or its agents and releases them from any liability or responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

If I am hired prior to the completion of these background checks, continual employment is conditional upon the resulting information.

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

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Date \_\_\_\_\_ Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
(Date of Birth)

Are you registered with the FMCSA Drug and Alcohol Clearinghouse? \_\_\_\_\_