ELKHORN RURAL PUBLIC POWER DISTRICT

APPLICATION FOR EMPLOYMENT

"WE ARE AN EQUAL OPPORTUNITY EMPLOYER"

PERSONAL

Name: _____ _____ _____
(Last) (First) (Middle)

Present Address: _____
(Mailing Address, Street, City, State, Zip)

How long have you lived at present address? _____

Telephone No: _____

Alt. Telephone No: _____

Are you related to any current employee? _____

If yes, state their name and relationship: _____

Position applied for? _____

Would you accept any other position? _____

Date available for employment? _____

Are you willing to work:

Over 40 hours per week? _____
Irregular shifts? _____
Nights? _____
Saturdays or Sundays? _____
Holidays? _____
Travel? _____

Work skills you possess:

Do you have a current driver's license? _____

What kind? _____

Has your driver's license ever been revoked? _____

If yes, Why? _____

Are you able to perform the duties of the job for which you are applying with or without a reasonable accommodation? Specific required job functions and duties are available upon request.

Eligibility for Employment

If you are not a U.S. citizen, does your VISA or immigration status permit lawful employment? _____	If employed, can proof of citizenship or alien registration number be provided? _____

EDUCATION

Indicated Grade Completed by placing an X in front of the grade

High School: _____ ___ 9 ___ 10 ___ 11 ___ 12 Graduated? _____

College: _____ ___ 13 ___ 14 ___ 15 ___ 16

Major: _____ Degrees Received: _____

Graduate School: _____

Other schools (Vocational, Military, etc.): _____

EMPLOYMENT EXPERIENCE

Have you ever been employed: _____

If yes, Position: _____ From: _____ To: _____

Reason for leaving: _____

Department: _____ Supervisor: _____

List current and previous employers: (List most current first, next most current, second, etc.)

May we contact you current employer? _____

Position: _____	Employer Name: _____		
Supervisor: _____	Address: _____		
Telephone Number: _____	Date Worked:	From: _____	Pay Rate
		To: _____	$ _____
Position: _____	Employer Name: _____		
Supervisor: _____	Address: _____		
Telephone Number: _____	Date Worked:	From: _____	Pay Rate
		To: _____	$ _____
Position: _____	Employer Name: _____		
Supervisor: _____	Address: _____		
Telephone Number: _____	Date Worked:	From: _____	Pay Rate
		To: _____	$ _____

MILITARY			
Military Service? _____	If yes, From: _____ To: _____	Branch of Service _____	MOS/Duties _____

ACTIVITIES

(Civic, athletic, ect.):

APPLICANT'S STATEMENT

The facts set forth above are true and complete, I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior work record. I understand that employment is contingent upon this investigation and, if employed, false statements in this application shall be considered sufficient cause for dismissal. I hereby release Elkhorn Rual Public Power District from any liability for any statements made and/or documents released. I understand that the documents release may include a record of disciplinary action assessed by the company or previous employers. I understand that certain positions offered may require a pre-employment physical examination by a company designated physician and that this physical is a part of the employment process.

I further understand that as part of this physical examination, I will be required to submit to tests to determine the presence or use of alcohol, drugs or other controlled substances, and, if I refuse such tests, my application for employment will be rejected.

_____ _____

(Date) (Signature of Applicant)