

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)	
Email Address: _____	Telephone No: _____ Alt. Telephone No: _____
Are you related to any current employee? _____ If yes, state their name and relationship: _____	
Position applied for? _____	Are you willing to work if required for outages/ emergencies: Over 40 hours per week? _____ Irregular shifts? _____ Nights? _____ Saturdays or Sundays? _____ Holidays? _____ Travel? _____
Would you accept any other position? _____	
Date available for employment? _____	
Work skills you possess: 	Do you have a current driver's license? _____
	What kind? _____
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? _____
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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 at Elkhorn Rural Public Power District: _____ (Y/N)

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 your current employer? _____

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

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

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

MILITARY

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