

# ELKHORN RURAL PUBLIC POWER DISTRICT

## APPLICATION FOR EMPLOYMENT "WE ARE AN EQUAL OPPORTUNITY EMPLOYER"

PERSONAL													
Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(Last)</span> <span>(First)</span> <span>(Middle)</span> </div>													
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? _____	Are you willing to work if required for outages/ emergencies: <table style="margin-left: 20px; border: none;"> <tr> <td>Over 40 hours per week?</td> <td>_____</td> </tr> <tr> <td>Irregular shifts?</td> <td>_____</td> </tr> <tr> <td>Nights?</td> <td>_____</td> </tr> <tr> <td>Saturdays or Sundays?</td> <td>_____</td> </tr> <tr> <td>Holidays?</td> <td>_____</td> </tr> <tr> <td>Travel?</td> <td>_____</td> </tr> </table>	Over 40 hours per week?	_____	Irregular shifts?	_____	Nights?	_____	Saturdays or Sundays?	_____	Holidays?	_____	Travel?	_____
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: <div style="height: 150px; border: 1px solid black;"></div>													
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. <div style="height: 150px; border: 1px solid black;"></div>													

### Eligibility for Employment

If you are not a U.S. citizen, does your VISA or immigration status permit lawful employment? <p style="text-align: center;">_____</p>	If employed, can proof of citizenship or alien registration number be provided? <p style="text-align: center;">_____</p>
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<b>EDUCATION</b> 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.): _____	

<b>EMPLOYMENT EXPERIENCE</b>	
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 you 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)