

# 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)

Telephone No: \_\_\_\_\_  
Alt. Telephone No: \_\_\_\_\_

Email address \_\_\_\_\_

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Has your driver's license ever been revoked?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? <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: _____	
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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: _____
		Pay Rate \$ _____

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

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

CONVICTIONS/COURT RECORD

Have you ever been convicted of, or pled guilty or no contest (nolo contendere) to (a) a felony, or (b) a misdemeanor, or (c) are you subject to a court order restraining you from contacting, harassing, stalking or

\_\_\_\_\_

The existence of a conviction or restraining order identified above is not considered an automatic bar to employment. Elkhorn Rural Public

Date of Conviction: \_\_\_\_\_

Describe Circumstances: \_\_\_\_\_

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)