

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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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 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)