

# ELKHORN RURAL PUBLIC POWER DISTRICT

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

PERSONAL	
Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(Last)</span> <span>(First)</span> <span>(Middle)</span> </div>	
Present Address: _____ <div style="text-align: center; font-size: small;">(Mailing Address, Street, City, State, Zip)</div>	
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: 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? _____
	Has your driver's license ever been revoked?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 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: _____
		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 \$ _____

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)