

**BENTON RURAL ELECTRIC ASSOCIATION
EQUAL OPPORTUNITY EMPLOYER**

We do not discriminate on the basis of race religion, national origin, color, sex age, veteran status, or non-qualifying disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

APPLICATION FOR EMPLOYMENT

NOTE: This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability. Use extra paper if necessary. You may omit any answer if you feel it will reveal information about your ethnic background, religion, national origin, color, age, sex, disability, or adverse military discharge.

(PLEASE PRINT)

Date of Application _____

Name _____
(Last) (First) (Middle)

Address _____
(Street, City, State & Zip Code)

Telephone (Check which preferred) [] Home _____
[] Business _____

Position Desired _____ [] Full-time [] Part-time [] Other (Please Check One)

Date Available _____ Salary/Compensation Desired _____

Referral Source: [] Employment Agency [] Newspaper Ad [] walk-in Applicant
[] School/College [] Employee Referral [] Other _____

Have you ever applied for a position with us? [] Yes [] No If yes, when? _____

Have you ever been employed by us? [] Yes [] No If yes, when? _____

Do you have a relative working here? [] Yes [] No If yes, state identity and relationship:

Are you currently employed? [] Yes [] No If yes, where? _____

Any prior commitment which would require an absence of more than a few hours in the next 12 months? [] Yes [] No

If yes, please explain: _____

Are you now, or do you expect to be engaged in any other business or employment? [] Yes [] No

If yes, please explain: _____

If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements? [] Yes [] No [] N/A

Are you willing to work overtime if requested? [] Yes [] No

If under age 18, do you have a valid work permit? [] Yes [] No [] N/A

List job related licenses or certifications:

For Driving Jobs Only:

Do you have a valid driver's license? Yes No

Driver's license number _____ Class of license _____

EDUCATION

SCHOOL	Print Name, City and State for each School Listing	Number of years completed	Degree Type	Major Course of Study
High School				
College				
Graduate School				
Trade, Bus., Night or Corres.				
Other				

MILITARY

Active Duty Service from _____ to _____ Branch of Service _____

Duties/Assignments:

Special Training:

Are you a member of a Reserve organization? Yes No

VOLUNTEER ACTIVITIES/EXPERIENCE

Describe your involvement in volunteer activities, clubs, organizations, civic or other groups. (You may exclude any labor organizations or any organization the name and character of which indicate race, color, religion, sex, age, national origin or ancestry of its members.):

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Include military service and any period(s) of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR

Name of Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone (____) _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name of _____ Supervisor</td> <td style="width: 33%;">Employed</td> <td style="width: 33%;">Pay</td> </tr> <tr> <td></td> <td style="text-align: center;">From (mo/yr)</td> <td style="text-align: center;">Start \$</td> </tr> <tr> <td></td> <td style="text-align: center;">To (mo/yr)</td> <td style="text-align: center;">Final \$</td> </tr> </table>	Name of _____ Supervisor	Employed	Pay		From (mo/yr)	Start \$		To (mo/yr)	Final \$
Name of _____ Supervisor	Employed	Pay								
	From (mo/yr)	Start \$								
	To (mo/yr)	Final \$								
Title	Reason for Leaving									
Type of Business										
Duties										
Name of Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone (____) _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name of _____ Supervisor</td> <td style="width: 33%;">Employed</td> <td style="width: 33%;">Pay</td> </tr> <tr> <td></td> <td style="text-align: center;">From (mo/yr)</td> <td style="text-align: center;">Start \$</td> </tr> <tr> <td></td> <td style="text-align: center;">To (mo/yr)</td> <td style="text-align: center;">Final \$</td> </tr> </table>	Name of _____ Supervisor	Employed	Pay		From (mo/yr)	Start \$		To (mo/yr)	Final \$
Name of _____ Supervisor	Employed	Pay								
	From (mo/yr)	Start \$								
	To (mo/yr)	Final \$								
Title	Reason for Leaving									
Type of Business										
Duties										
Name of Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone (____) _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name of _____ Supervisor</td> <td style="width: 33%;">Employed</td> <td style="width: 33%;">Pay</td> </tr> <tr> <td></td> <td style="text-align: center;">From (mo/yr)</td> <td style="text-align: center;">Start \$</td> </tr> <tr> <td></td> <td style="text-align: center;">To (mo/yr)</td> <td style="text-align: center;">Final \$</td> </tr> </table>	Name of _____ Supervisor	Employed	Pay		From (mo/yr)	Start \$		To (mo/yr)	Final \$
Name of _____ Supervisor	Employed	Pay								
	From (mo/yr)	Start \$								
	To (mo/yr)	Final \$								
Title	Reason for Leaving									
Type of Business										
Duties										

Except for vacations and holidays, how many work days were you absent from work during the past

calendar year? [] 0 - 5 days [] 5 - 10 days [] 10 - 15 days [] 21+ days

During the Prior year? [] 0 - 5 days [] 5 - 10 days [] 10 - 15 days [] 21+ days

May we contact your present employer? [] Yes [] No Previous employers? [] Yes [] No

Please identify any exceptions or reasons for not contacting: _____

In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used? [] Yes [] No

If yes, identify name(s) and relevant dates. _____

Have you ever been dismissed or forced to resign from any employment? [] Yes [] No

If yes, please explain. _____

OTHER SPECIAL SKILLS

Describe any other special job-related skills or qualifications (e.g., foreign languages, computers, etc.) that would support your application.

REFERENCES

Give three references, not relatives or former employers.

NAME	ADDRESS	PHONE	OCCUPATION

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize a thorough investigation on my past employment, character, and background as it relates to my candidacy for employment. I agree to cooperate in such investigation and, by signing below, I authorize current and prior employers, references, and contacts to cooperate fully in this investigation.

I hereby agree to submit to any drug or alcohol testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

I understand that my employment is terminable-at-will, that I am not being employed for any specific time, that this application is not, and is not intended, to be a contract for continued employment, and that the employer or I may terminate my employment at any time with or without cause or notice.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status, or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law. Benton REA is an equal opportunity provider and employer providing a drug free workplace.

Signature of Applicant

Date