



Cuivre River Electric Cooperative, Inc.

A Touchstone Energy[®] Cooperative

Application For Employment

1112 E. Cherry Street, P.O. Box 160
Troy, MO 63379

PLEASE PRINT CLEARLY

Date: _____

PERSONAL INFORMATION:

Last Name:		First Name:		Middle:	Social Security Number:	
Current Address:			City:	State:	Zip:	
Home Phone Number: ()		Alternate Number: ()		E-mail Address:		
Are you at least eighteen years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you or your spouse related to any Board Member or current employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, indicate name and relationship:			
Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status will be required upon employment.)						
Have you ever been convicted of a felony or misdemeanor (excluding traffic violations) in the past seven years? _____ If yes, please explain _____ (Conviction will not necessarily disqualify an applicant from employment.)						
Do you have any pending litigation? _____ If yes, please explain _____						

EMPLOYMENT DESIRED:

Position(s) interested in:		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Salary Expected: \$	If hired, availability date:		
Have you been employed with us before? _____ If yes, when _____			
Would you be interested in a 2nd shift position (3:30 p.m. to 11 p.m.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently on "layoff" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION:

Name & Location (City & State)	Circle Last	Did You Graduate?	Course of Study	Diploma
High School	Year Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	1 2 3 4			
Vocational, Technical, or Other School		<input type="checkbox"/> Yes <input type="checkbox"/> No		Certificate
	1 2 3 4			
Undergraduate College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No		Degree
	1 2 3 4			
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No		Degree
	1 2 3 4			

EMPLOYMENT HISTORY:

List present and previous employers, beginning with the most recent. Explain any gaps in employment in comments section below.

Employer	Telephone # ()	Dates Employed		Summarize the type of work performed and job responsibilities
		From	To	
Address				
Starting Job Title / Final Job Title		Hourly Rates/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Final		
		\$	Per	
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employer	Telephone # ()	Dates Employed		Summarize the type of work performed and job responsibilities
		From	To	
Address				
Starting Job Title / Final Job Title		Hourly Rates/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Final		
		\$	Per	
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employer	Telephone # ()	Dates Employed		Summarize the type of work performed and job responsibilities
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Starting Job Title / Final Job Title		Hourly Rates/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Final		
		\$	Per	
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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Starting Job Title / Final Job Title		Hourly Rates/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Final		
		\$	Per	
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Comments (Including explanation of any gaps in employment) _____

Indicate any foreign languages you can speak, read and/or write

Speak _____ Read _____ Write _____

SKILLS:

Are there any other experiences, skills, or qualifications that you feel would be beneficial to our organization?

MILITARY SERVICE RECORD:

Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch: _____
Service Beginning (Mo./Yr.): _____	To (Mo./Yr.): _____
Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Training Received: _____	

PERSONAL REFERENCES (Not Former Employers or Relatives):

Name	Telephone Number
Occupation	Years Known
Name	Telephone Number
Occupation	Years Known
Name	Telephone Number
Occupation	Years Known

How were you referred to this organization?

APPLICANT'S AUTHORIZATION AND CONSENT

I certify that the information contained in this application is correct to the best of my knowledge. I understand that misrepresentation or omission of facts called for is cause for refusal to hire or for dismissal at any time. I authorize the investigation of all matters contained in this application and hereby give the Cooperative permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Cooperative from any liability as a result of such contact.

I understand that if I am offered employment, I will be an at-will employee of Cuivre River Electric Cooperative. I agree to conform to the rules and regulations of the Cooperative, and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the Cooperative, or myself. I further understand that no representative of the cooperative other than the General Manager/ CEO has any authority to make any agreement contrary to the above statement.

I understand that after a job position has been offered, I will be required to have a job-related physical examination, paid for by the Cooperative, per Board Policy 706.0. I hereby authorize the release of these results to the Cooperative. In addition, I understand that (1) the Cooperative, per Board Policy 733.0, requires pre-employment drug and alcohol testing as well as testing after employment; (2) consent to and compliance with such Policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such Policy. I hereby authorize the release of these results to the Cooperative.

I am aware of the fact that this application will remain active for a period of six (6) months. At the conclusion of that time, if I have not heard from the Cooperative and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

Neither the acceptance of this application by Cuivre River Electric Cooperative, nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of personnel manuals, benefit plan descriptions, policy statements, or any other Cooperative practices that may exist, shall serve to create an actual or implied contract of employment, to confer any right to remain an employee of the Cooperative, or otherwise to change in any respect the employment-at-will relationship between myself and the Cooperative.

I have read, understand, and agree to the above.

Signature of Applicant

Date Completed

Cuivre River Electric Cooperative, Inc., is an Equal Opportunity Employer. The Cooperative affords employment to those qualified persons without regard to race, color, religion, age, sex, national origin, or disability.

Thank you for your interest in Cuivre River Electric Cooperative, Inc.