

Intercounty Electric Cooperative Association

Application For Employment

It is the policy of Intercounty Electric Cooperative Association (IECA) to provide equal opportunity with regard to all terms and conditions of employment. No information provided here will be used in an unlawful manner. Please *complete in your own handwriting and use ink*. Answer each question. Failure to answer all questions completely may result in your application being rejected. Read and sign page 3.

Position Applying For: _____ Date _____

General Information

Name _____
Last First Middle

Mailing Address _____
Number Street City County State Zip Code

Telephone: Home (_____) _____ Cell (_____) _____
Work (_____) _____ E-mail _____

If necessary for the job, are you older than 18 years of age? Yes No

If necessary for the job, do you have a valid driver's license? Yes No

If yes: Issuing state _____ Class _____ Endorsements _____

Are you legally eligible to work in the United States? Yes No

List any previous dates of employment at IECA or enter "None". _____

List any relatives who are currently employed at IECA or enter "None". _____

IECA has a nepotism policy which may prohibit the employment of relatives under certain circumstances. If you have a relative currently employed at IECA, state the name(s), relationship(s) and location(s) of the person(s) to whom you are related in the space to the right.

List any criminal convictions (as described below) or enter "None" _____

Please include convictions for which you pleaded guilty or nolo contendere (no contest), paid a fine, received a suspended sentence, and/or were incarcerated. Do not include minor traffic violations and convictions that have been annulled, expunged, sealed, or pardoned by a court.

Will you relocate if required? Yes No

Will you work overtime if required? Yes No

Have you previously worked at another Co-Op? if yes, please give location and dates.

Employment History

Provide the employment information requested below, including experience in the U.S. Military Service. Begin with your present or most recent employment. If you are active in the job, leave the End Date blank.

Employer Name and Address: _____ _____ _____ Starting Salary: \$ _____ / <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Ending Salary: \$ _____ / <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Name of Supervisor(s): _____ Supervisor(s) Title: _____ Phone Number: (____) _____	Job Title: _____ Describe the work you did: _____ _____ _____ _____ From: _____ / _____ To: _____ / _____ Month Year Month Year Reason for Leaving: _____ _____ _____
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May we contact the employers listed above? Yes No
If no, indicate which employer(s) we should not contact: _____

Education and Training

Indicate all schools that you have attended. Completion of a formal education is a job-related requirement for some positions at IECA.

School Name	Location	Years Attended	Degree Received	Major

Special Skills and Training

Indicate any special skills you have or training you have recieved.

References

List two personal references who are not relatives or former supervisors:

Name	Telephone Number	Years Known

Applicant Authorization

Read Carefully Before Signing

I certify that the facts contained in this application and supporting documents for employment at IECA are true and complete to the best of my knowledge. I understand that any misrepresentations, falsifications, or deliberate omissions will result in my disqualification as an applicant or immediate dismissal from any ensuing employment. I authorize investigation of all statements herein.

I also authorize by my signature below or a copy thereof, the organizations and individuals referred to herein to furnish information to IECA. IECA shall be held harmless should it, in processing this employment application, rely on information provided from these sources, even if the information provided is inaccurate or erroneous. Additionally, I understand that nothing contained in this employment application and supporting documents or in the granting of an interview or in any policies, procedures or handbooks that I might receive, is intended to create an employment contract between IECA and myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon IECA. If an employment relationship is established, I understand that I have a right to terminate my employment at any time, for any reason or for no reason, and IECA retains a similar right regarding discontinuation of my employment subject only to the terms of a collective bargaining agreement, if one applies, and to the full extent permitted by law.

Signed _____

(Failure to sign may invalidate your application.)

AFFIRMATIVE ACTION INFORMATION FORM

Intercounty Electric Cooperative Association (IECA) is an equal opportunity employer. It is IECA's policy to provide equal opportunity to all qualified persons, regardless of race, color, age, sex, religion, national origin, veteran status, disability or any other protected characteristic. This form is used to collect information so that we may analyze and monitor our equal opportunity efforts and to complete aggregate statistical reports required by the federal government. This form is removed from the application prior to the hiring supervisor's review of the application, and is maintained separately from application and personnel files. Providing or failing to provide this information does not adversely affect any consideration you may receive for employment or later advancement in employment.

Date: _____ Position applied for: _____

Name: _____ Phone Number: _____
(Last) (First) (Middle)

Address: _____
(City) (State) (Zip)

Referral Source: _____

GENDER: Male Female

RACE/ETHNICITY: Please check one box

- Hispanic or Latino Black or African American Asian American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander White Two or more races I decline to self-identify

PROTECTED VETERAN STATUS: This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans and Armed Forces service medal veterans. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the recruitment efforts we undertake pursuant to VEVRAA.

I identify as one or more of the protected veteran classifications listed below: Yes No

DISABLED VETERAN: *A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service connected disability.* Yes No

RECENTLY SEPARATED VETERAN: *Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service..* Yes No

ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN: *A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense..* Yes No

ARMED FORCES SERVICE MEDAL VETERAN: *A veteran who while serving on active duty in the U.S. military, ground, naval or air service participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.* Yes No

Do you have any religious beliefs which would require an employer to make accommodation for you?
If yes, please specify. Yes No