

Lake Region Electric Association, Inc
 1212 North Main P.O. Box 341
 Webster, SD 57274
 605-345-3379 1-800-657-5869 Fax 605-345-4442
 E-mail•lakeregion@lakeregion.coop
 Website: www.lakeregion.coop



Employment Application

Personal

Name _____
LAST FIRST MIDDLE

Address _____
STREET

_____ E-mail address _____
CITY STATE ZIP CODE

Telephone # (_____) _____ Mobile/Beeper/Other Phone # (_____) _____

If necessary, best time to call you at home is _____ AM
 _____:_____ PM

May we contact you at work? Yes No

If yes, work number and best time to call (_____) _____ AM
 _____:_____ PM

Are you over 18 years of age? Yes No

List positions previously applied for _____ None

Are you legally eligible for employment in this country? Yes No

If yes, please provide date(s) and details _____

Work Preference

Date available for work ____/____/____

Type of employment desired Full-time Part-time Temporary Seasonal

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime (more than 40 hours in a week)? Yes No

Education

High School City/State	Circle grade completed 1 2 3 4	Did you graduate? Yes No
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College/Technical School/Other City/State	# of Years	Course of Study	Degree, diploma, certificate and honors received
Other job-related educational institutions, licenses, certifications, etc			

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheet if necessary). 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		HOURLY RATES/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
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	
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		FINAL		
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		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATES/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying for.

References

List name and telephone number of three business/work references that are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

Applicant Statement

I certify that all the information I have provided in order to apply for and secure employment with Lake Region Electric is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from Lake Region Electric, when it is discovered.

I understand I am required to submit to a post-offer, pre-hire physical examination in order for Lake Region Electric to determine my physical ability to perform the job.

I understand my employment is contingent upon the results of a drug screen for illegal drugs. A confirmed positive screen will result in my disqualification from employment.

I authorize and consent to my references, employers and/or employer representatives, public agencies, licensing authorities, and educational institutions and persons or organizations named in this application and/or accompanying resume to release any information to Lake Region Electric that may be required to make an employment decision.

I understand this application remains current for 12 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

I understand my employment is not guaranteed for any term, and my employment may be terminated by Lake Region Electric or myself at any time and for any reason. No manager, supervisor or representative of Lake Region Electric is authorized to make an oral or written assurance or promise of continued employment.

Do not sign until you have read the above APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____