

Employment Application



Applicant Name _____

Date _____

Instructions

Please fill out the entire form. Print clearly in your own handwriting.

Personal Information

Last Name First Name Middle Name

Street Address

City State Zip Code

Home Phone Mobile Phone Email

Are you eligible to work for any United States employer at this time? Yes No

If you are under 18 years of age, do you have a work permit? Yes No

Have you ever been convicted of a felony? Yes No

If yes, explain _____

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

License # _____ Expiration _____

Do you have a valid Commercial Driver's License (CDL)? Yes No

License # _____ Class _____ Expiration _____

If you have ever worked under or earned degrees under another name, please list below:

Last Name First Name Middle Name

Position Desired

Position Applied for _____

How did you learn of this vacancy? _____

Salary Desired (Annual) \$ _____ Date Available _____

Have you previously been employed by LaGrange County REMC or another electric cooperative? Yes No

If yes, indicate position(s) and dates _____

Do you have any relatives employed at or serving on the board of LaGrange County REMC? Yes No

If yes, indicate name and relationship _____

Can you travel if the position requires travel? Yes No

Can you work overtime if required? Yes No

Can you work after-hours on-call duty if required? Yes No

Education and Training

High School	Last Level Completed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Name	Location	GPA	
Vocation/Tech School	Last Level Completed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Name	Location	GPA	Degree(s)/Year
College/University	Last Level Completed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Name	Location	GPA	Degree(s)/Year
Graduate School	Last Level Completed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Name	Location	GPA	Degree(s)/Year

Professional certifications and licenses _____

Computer skills _____

Other skills pertinent to the position applied for _____

Employment History

MUST BE COMPLETED EVEN IF INCLUDED WITH RESUME

List your last three employers with the most recent first.

If you are currently employed, may we contact your employer? Yes No

Current Employer _____

Phone Number _____ Address _____

Date Employed – From _____ To _____
Month/Year Month/Year

Starting Salary _____ Ending Salary _____

Supervisor's Name _____ Supervisor's Job Title _____

Your Job Title _____ Your Duties _____

Reason for Leaving _____

Previous Employer _____

Phone Number _____

Address _____

Date Employed – From _____

Month/Year

To _____

Month/Year

Starting Salary _____

Ending Salary _____

Supervisor's Name _____

Supervisor's Job Title _____

Your Job Title _____

Your

Duties _____

Reason for Leaving _____

Previous Employer _____

Phone Number _____

Address _____

Date Employed – From _____

Month/Year

To _____

Month/Year

Starting Salary _____

Ending Salary _____

Supervisor's Name _____

Supervisor's Job Title _____

Your Job Title _____

Your

Duties _____

Reason for Leaving _____

Armed Forces Service

Service – From _____ To _____
Month/Day/Year Month/Day/Year

Branch of Service _____ Rank _____

General Duties/Training _____

Professional References

Please list only references that we may contact at this time.

Name	Title	Company	Phone Number	
			Home	Work

Application Form Waiver

In exchange for the consideration of my job application by LaGrange County REMC (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application 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 employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the CEO of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, law enforcement agencies, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) I must consent to and comply with such policy as a condition of my employment; and (3) continued employment is based upon the successful passing of testing under such policy.

Signature of Applicant _____ Date _____

LaGrange County REMC is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, veteran status, citizenship, ancestry, age or disability. We assure you that your opportunity for employment with LaGrange County REMC depends solely on your qualifications.