



APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with New-Mac Electric Cooperative. The information you provide in this application will be used to evaluate your qualifications and assist us in making employment decisions. Please complete all sections that apply to you.

We are an Equal Opportunity Employer and consider all qualified applicants for employment without regard to race, color, religion, sex (including pregnancy, sexual orientation, and gender identity), national origin, age, disability, genetic information, veteran status, or any other status protected by applicable federal, state, or local law. If you require a reasonable accommodation to complete this application or participate in the hiring process, please contact us.

PERSONAL INFORMATION

Full Name: _____ Email Address: _____

Phone Number: _____ Address: _____

Are you at least 18 years old? Yes No If no, can you provide an authorization to work? Yes No

If hired, can you show proof of legal authorization to work in the U.S? Yes No

Typical work schedules are 8:00 a.m. - 5:00 p.m. for office positions and 7:00 a.m. - 3:30 p.m. for field positions. Can you meet the required work schedule? Yes No

EMPLOYMENT DESIRED

Position desired: _____ If hired, when can you start? _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

EDUCATION

	Name and Location	Degree Received	Area of Study/Program
High School	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/University	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Trade or Business School	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

REFERENCES

Give the names of three people not related to you, whom you have known for at least two years.

Name	Phone	Relationship	Years Acquainted
_____	_____	<input type="checkbox"/> Personal <input type="checkbox"/> Business	_____
_____	_____	<input type="checkbox"/> Personal <input type="checkbox"/> Business	_____
_____	_____	<input type="checkbox"/> Personal <input type="checkbox"/> Business	_____

Do you know anyone who works for New-Mac? Yes No If yes, who? _____

EMPLOYMENT HISTORY

Starting with most **recent** employment, describe in detail all positions that you have had during the last ten years. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Attach extra sheets if necessary.

From (Month/Year): _____ To (Month/Year): _____ Employer: _____

Job Title: _____ Weekly hours worked: _____ Monthly salary: \$ _____

Address: _____ Phone Number: _____

Immediate Supervisor & Title: _____

Job Duties: _____

Current employer? Yes No May we contact? Yes No

Reason for leaving: _____

From (Month/Year): _____ To (Month/Year): _____ Employer: _____

Job Title: _____ Weekly hours worked: _____ Monthly salary: \$ _____

Address: _____ Phone Number: _____

Immediate Supervisor & Title: _____

Job Duties: _____

Current employer? Yes No May we contact? Yes No

Reason for leaving: _____

From (Month/Year): _____ To (Month/Year): _____ Employer: _____

Job Title: _____ Weekly hours worked: _____ Monthly salary: \$ _____

Address: _____ Phone Number: _____

Immediate Supervisor & Title: _____

Job Duties: _____

Current employer? Yes No May we contact? Yes No

Reason for leaving: _____

From (Month/Year): _____ To (Month/Year): _____ Employer: _____

Job Title: _____ Weekly hours worked: _____ Monthly salary: \$ _____

Address: _____ Phone Number: _____

Immediate Supervisor & Title: _____

Job Duties: _____

Current employer? Yes No May we contact? Yes No

Reason for leaving: _____

Do you have any special skills, experience, training or qualities that would enhance your ability to perform the position applied for? Yes No If yes, explain.

PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING.

I certify the information shown on this application is correct and complete to the best of my knowledge and that I have not knowingly withheld any fact or circumstance. I understand falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment if hired.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I understand, if hired, my status will be that of an employee at will, with no contractual right, express or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the opinion of either the employer or myself. I understand that no one, other than the Manager or his designee, of the Cooperative, may enter any agreement for the employment on my behalf or make any agreement contrary to the foregoing.

I understand, if hired, I may be required to undergo a physical examination and drug and alcohol screening. The examination and the test will be performed at the employer's expense, by the employer's choice of physician.

I authorize the employer to investigate, confirm and supplement any information contained on this application and contact former employers unless otherwise stated.

I agree to execute all necessary documents, releases, and waivers required by employer to conduct a background check of my qualifications and potential disqualifications for employment through agencies selected by employer.

I affirmatively release and hold harmless all persons, agencies or entities that disclose information about me in the course of such investigation, including all claims of liability arising from the results of the use of the information that is disclosed.

Applicant Signature _____ Date _____

I understand that my typed name constitutes my electronic signature and has the same force and effect as my handwritten signature.