

Application For Employment



Ozark Border Electric Cooperative

3281 S. Westwood Blvd., P.O. Box 400, Poplar Bluff, MO 63902
Human Resource Department (800) 392-0567, ext. 145

Office Use Only:

Dept. _____
Employment Date _____
Rate _____ Per _____

Position(s) Applied For: _____ Date of Application: _____

PERSONAL INFORMATION: PLEASE PRINT CLEARLY

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 in the past seven years? _____ If yes, please explain _____ (Conviction will not necessarily disqualify an applicant from employment.)						

EMPLOYMENT DESIRED:

Position(s) interested in:		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Salary desired: \$	If hired, availability date:		
Have you been employed with us before? _____ If yes, when _____			
Are you willing to work after hours call-out duty and on-call assignments? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you applying for part-time/full-time, please mark all applicable: Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>			

EDUCATION:

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

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
		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				

Comments (Including explanation of any gaps in employment)

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

Speak _____ Read _____ Write _____

SKILLS/TRAINING

<input type="checkbox"/> Customer Service	<input type="checkbox"/> Accounts Receivable or Payable
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Payroll
<input type="checkbox"/> Typing _____ WPM	<input type="checkbox"/> Data Process Entry
<input type="checkbox"/> Personal Computer	<input type="checkbox"/> Cashier
<input type="checkbox"/> Switchboard	<input type="checkbox"/> Copy Machine

What computer software are you familiar with? _____

LIST TRADES AND TECHNICAL SKILLS:

<input type="checkbox"/> Staking Work Orders	<input type="checkbox"/> Load Management Systems	<input type="checkbox"/> Warehousing
<input type="checkbox"/> Basic Electricity	<input type="checkbox"/> Hotline Work, Primary & Secondary	<input type="checkbox"/> Computerized Mapping
<input type="checkbox"/> Electrical Safety	<input type="checkbox"/> Radio Communication & Operation	<input type="checkbox"/> Digger/Bucket Trucks
<input type="checkbox"/> Pole Inspection	<input type="checkbox"/> Commercial Drivers License	<input type="checkbox"/> Line Construction
<input type="checkbox"/> Pole Climbing	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Transformer Banks
<input type="checkbox"/> Connecting & Disconnecting Meters	<input type="checkbox"/> Regulators, Capacitors, Breakers & Switches	<input type="checkbox"/> Underground Experience, (Primary and/or Secondary)

Are there other skills or qualifications you feel would be beneficial to our organization? _____

MILITARY SERVICE RECORD:

Military Service? Yes No Branch: _____

Service Beginning (Mo./Yr.): _____ To (Mo./Yr.): _____

Honorable Discharge? Yes 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 Ozark Border 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. I hereby authorize the release of these results to the Cooperative. In addition, I understand that (1) the Cooperative, requires pre-employment drug and alcohol testing as well as testing after employment; (2) consent to and compliance is a condition of my employment; and (3) continued employment is based on the successful passing of testing. 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 Ozark Border 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

Ozark Border Electric Cooperative 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 Ozark Border Electric Cooperative