

# SAC OSAGE ELECTRIC COOPERATIVE, INC.

An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

*All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.*

### PERSONAL INFORMATION

Legal name: First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Date: \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

United States Visa status, if applicable: \_\_\_\_\_

Are you at least 18 years old?  Yes  No

Are you related by blood or marriage to an employee of Sac Osage Electric Cooperative Inc. or to a Manager or Director of Sac Osage Electric Cooperative, Inc.?  Yes  No

If so, please state the person and relationship: \_\_\_\_\_

### POSITION INFORMATION

Position applying for: \_\_\_\_\_ Salary desired: \$ \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

Employment status desired:  Full Time  Part Time  Temporary

What hours are you available to work? \_\_\_\_\_

If hired, when could you start? \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

Date available for work: \_\_\_\_\_

**EMPLOYMENT HISTORY** *(Most recent first)*

1. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From:                          To:			
Starting Salary:	Ending Salary:		
Employer's Address:			
Supervisor:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
Reason for Leaving:			
2. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From:                          To:			
Starting Salary:	Ending Salary:		
Employer's Address:			
Supervisor:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
Reason for Leaving:			
3. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From:                          To:			
Starting Salary:	Ending Salary:		
Employer's Address:			
Supervisor:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
Reason for Leaving:			
4. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From:                          To:			
Starting Salary:	Ending Salary:		
Employer's Address:			
Supervisor:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
Reason for Leaving:			

**EDUCATION**

Type of school	Name and Location	Dates Attended	Degree Received	Subjects Studied	Did you graduate?
High School					
College / University					
Graduate School					
Tech School					
Other					

Special courses, training or experience acquired, including military experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SKILLS**

Clerical / Office skills		
Computer skills	Name of software:	<input type="checkbox"/> PC <input type="checkbox"/> Mac <input type="checkbox"/> WPM
Languages		
Other special knowledge or skills		

Please describe any other experience, abilities or skills that might be helpful in considering your application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Read Before Completing This Employment Application**

Sac Osage Electric Cooperative, Inc. is an Equal Opportunity Employer. Our objective is to maintain a continuing policy of non-discrimination in employment. You will be considered for employment based upon your qualifications for the position for which you have applied.

- Your application for employment will be kept on file for six months.
- All post-offer pre-employment physicals will include a drug screen (urine sample) to comply with Sac Osage Electric Cooperative, Inc.'s Drug-Free Workplace Program.

**Thank you for your interest in Sac Osage Electric Cooperative, Inc.**

**SAC OSAGE ELECTRIC COOPERATIVE, INC.**

P O Box 111

El Dorado Springs, MO 64744

417-876-2721 FAX 417-876-5368

## **CERTIFICATION & AUTHORIZATION**

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I authorize Sac Osage Electric Cooperative, Inc. to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position.

If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

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**Signature of Applicant**

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**Date**