

# Application For Employment With Glacier Electric Cooperative, Inc.

NAME: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
DATE: \_\_\_\_\_

We offer equal employment opportunities to all persons for all positions without regard to race, color, religion, creed, sex, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. You may request any needed accommodation to fill out this form or participate in the employment application process.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		
Emergency Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?  YES  NO

Have you ever filed an application with us before?  YES  NO  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  YES  NO  
If Yes, give date \_\_\_\_\_

Are you currently employed?  YES  NO

Why do you want to make a change? \_\_\_\_\_

May we contact your present employer?  YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  YES  NO  
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

What days and hours if part time: Days \_\_\_\_\_ Hours From \_\_\_\_\_ ( )m to \_\_\_\_\_ ( )m

Are you currently on "lay-off" status and subject to recall?  YES  NO

Can you travel if job requires it?  YES  NO

Have you been convicted of a crime (except a minor traffic violation) within the last 7 years?  YES  NO  
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain \_\_\_\_\_

Have you ever served in the U.S. Armed Forces?  YES  NO

If Yes, branch \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

Have you ever been discharged or requested to resign from your employment?  YES  NO

If Yes, give circumstances \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

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

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any job-related specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List job-related professional, trade, or business activities and offices held.  
 You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## Specialized Skills

## Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	_____	_____

State any additional information you feel may be helpful to us in considering your application.

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Note to Applicants: DO NOT ANSWER THESE QUESTIONS UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you able to perform in a reasonable manner the essential functions involved in the job or occupation for which you have applied with or without reasonable accommodations? A description of the essential functions involved in such a job or occupation is attached.

YES  NO

If you require reasonable accommodations to perform the essential functions of the job for which you have applied, how would you perform those essential job functions and what reasonable accommodations will you require?

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## References

1.	_____ ( )
	(Name) Phone #
	_____ (Address)
2.	_____ ( )
	(Name) Phone #
	_____ (Address)
3.	_____ ( )
	(Name) Phone #
	_____ (Address)



# **Applicant's Statement - PLEASE READ BEFORE SIGNING!**

I certify that answers and information given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, and I authorize my past employers and my references to answer all questions asked concerning my ability, character, reputation and previous employment record.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that nothing contained in this employment application or in the granting of any interview is intended to create an employment relationship or contract between myself and Glacier Electric Cooperative, Inc. for any benefit, and that no promises regarding employment are being made to me. No promise of employment or benefit is binding upon this organization unless in writing.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with Glacier Electric Cooperative, Inc. is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time during the probationary period with or without good cause and, thereafter at any time for good cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in denial of employment or discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby understand and acknowledge that, if employed, my employer may at any time and from time to time add to, delete, revise or modify the rules, policies and procedures pertaining to my employment, job or occupation.

I hereby understand and acknowledge that, depending upon the job or occupation for which I have applied, a job offer made to me may be conditional upon the satisfactory outcome of a medical examination or inquiry.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date