

## **APPLICATION FOR EMPLOYMENT**

Northern Plains Electric Cooperative

Cando Office P.O. Box 608 Cando, ND 58324 701-968-3314 Carrington Office P.O. Box 180 Carrington, ND 58421 701-652-3156

Northern Plains Electric Cooperative is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability or veteran status.

GENERAL				
Name (Last, First, Middle Initial):				
Present Address (Street, City, State, Zip):	Telephone No.: ()			
Position Desired:	Starting Salary Required:  \$ per			
Are you interested in: ☐ Full-time Employment or ☐ Part-If accepted, when can you start?	-time Employment			
Are you related to a Northern Plains Director or Employee?	☐ Yes ☐ No			
What relationship?	Names of Relatives or Friends Employed by this Company:			
How did you learn about this opportunity?	Are you at least 18 years of age? ☐ Yes ☐ No			
Are you a U.S. Citizen? □Yes □No				
SKI	LLS			
Indicate your skills and abilities in the specialty areas, if applic Equipment Operated & Program Knowledge (Microsoft Office	· · · · · · · · · · · · ·			

## **EMPLOYMENT**

List below all present and past employment, beginning with you most recent.

Company Name, Address and Phone No.:	Title and description of the work you did:
Type of Business:	
Starting Salary: Ending Salary: \$\$	From (Month/Year): To (Month/Year):
Name of Supervisor(s)	Reason for Leaving:
Company Name, Address and Phone No.:	Title and description of the work you did:
Type of Business:	
Starting Salary: Ending Salary: \$\$	From (Month/Year): To (Month/Year):
Name of Supervisor(s)	Reason for Leaving:
Company Name, Address and Phone No.:	Title and description of the work you did:
Type of Business:	
Starting Salary: Ending Salary: \$\$	From (Month/Year): To (Month/Year):
Name of Supervisor(s)	Reason for Leaving:
May we contact employers listed above? ☐ Yes ☐ No If not, indicate which one(s) you do not wish us to contact	:: backside of the application or attach an additional sheet.

	EDU	CATION		
High School (Name and Address)		Years Completed:	Did you Graduate? ☐ Yes ☐ No	
College (Name and Address)		Years Completed:	Did you Graduate? ☐ Yes ☐ No	
Course of Study (Major/Minor):		List Diploma or Degree:		
College (Name and Address)		Years Completed:	Did you Graduate? ☐ Yes ☐ No	
Course of Study (Major/Minor):		List Diploma or De	gree:	
Other (Name and Address)		Years Completed:	Did you Graduate? ☐ Yes ☐ No	
Are you attending school or taking could be a constant of the	urses right now?	List Scholastic Hon	ors:	
PERSONAL REFERENCES  Do not refer to previous employers or relatives.				
Name:	Address (Street,	City, State, Zip):	Contact Number: Occupation:	
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Remarks
Please add any statements which you feel may help to clarify answers to any of the questions in this application. Also, you may add anything here which you feel might favorably affect consideration of your application – including volunteer work.
Please Read Carefully
Northern Plains Electric Cooperative is an employment at will employer.
I certify that the facts contained in this application are true and complete. I understand that falsified statements on this application shall be considered as sufficient cause for discharge.
I understand that any offer of employment made by Northern Plains Electric is contingent upon the satisfactory results of the medical examination and drug screen.
I agree to conform to the rules, regulations and policies of the Cooperative and acknowledge that these rules, regulations, policies, and any other terms and conditions, including benefits, may be changed by the Cooperative at any time and without prior notice to me. I further acknowledge and agree that my employment may be terminated, with or without prior notice, at any time, at the will of the Cooperative or myself, with or without cause.
I understand that Northern Plains Electric is a smoke free workplace.
No representitive or employee of the Cooperative, with the exception of the General Manager, has the authority to enter into any contract or agreement to the contrary, and then only if such commitment is in a written document signed by the General Manager and the employee.
I acknowledge that I have read and understand these terms.
Today's Date: Applicant's Signature:
This application form will be maintained in the Cooperative's active file for three months only unless renewed.