

APPLICATION FOR EMPLOYMENT
SOUTHWEST IOWA RURAL ELECTRIC COOPERATIVE
2248 Avenue of Industries; PO Box 367
Corning IA 50841
PH: 888-220-4869

IMPORTANT: Read Terms of Employment carefully. Print or type answers to every question. All information on this application will be treated confidentially. FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION FOR VARIOUS REASONS, INCLUDING RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, AGE, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, OR DISABILITY.

PERSONAL DATA

Last Name _____ First Name _____ Middle Initial _____ Date _____
Present Address (Street & #) _____ Telephone _____
(City, State, & Zip Code) _____ For how long _____
Previous Address (Street & #) _____ Telephone _____
(City, State & Zip Code) _____ For how long _____
Applicant's Social Security Number _____
Do you have a valid driver's license? ☐ Yes ☐ No Type _____ State _____ Expiration Date _____

EDUCATION

Schools Attended	School Name & Address	Graduated Yes or No	Degree or Type of Diploma	Major Course of Study
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
BUSINESS OR TECHNICAL				

If you attended college but did not graduate, how many credit hours needed for degree? Associate _____ Bachelor _____

List any scholarships, academic honors, awards, or special achievements:

WORK INTEREST

Position Applied For	Minimum Salary	Type of Employment Desired ____ Full Time ____ Part Time ____ Temporary	Earliest Date Available
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Do you have the legal right to work in the United States? ☐ Yes ☐ No

Have you ever filed an application with the Cooperative before?	☐ Yes ☐ No	When? _____	Where? _____
Have you ever been interviewed by the Cooperative before?	☐ Yes ☐ No	When? _____	Where? _____

Briefly state the reasons you are interested in employment with the Cooperative:

List the acquaintances employed by the Cooperative:

EMPLOYMENT HISTORY

List all previous work experiences and periods of unemployment. Begin with your present position and work back to your first position. Attach resume, if necessary. If there were periods of more than one month where you were self-employed or unemployed, list name & address of person(s) who can verify your activities during this period(s).

From Mo/Yr	To Mo/Yr	Employer, Address, & Telephone Number	Salary	Job Title/Description of Work Performed	Reason for Leaving
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Have you ever worked under another name? ☐ Yes ☐ No

If yes, please list the names under which you have worked and the dates of such employment:

MILITARY SERVICE

Branch	Grade or Rank	Nature of duty or training	Induction Date	Separation Date
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Present Service Classification

Type of Discharge or Separation

SKILLS/TRAINING

Please list all types of computer software that you are proficient at using:

Please list any language, office and mechanical skills or additional training you have received which relates to the position for which you have applied:

PERSONAL REFERENCES

Please provide the names, addresses and phone numbers of three references (not including relatives):

Name	Address	Telephone #	How long have you known this Individual?
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CURRENT EMPLOYMENT

Are you currently employed?

May we contact your present employer?

Why are you seeking a new position?

TERMS OF EMPLOYMENT

I, the undersigned, state that all information given by me in this application is true to the best of my knowledge. I authorize the Cooperative to verify such information and to contact any reference given by me. Should I be employed by the Cooperative, I agree that:

- My employment shall be in accordance with the terms of this application and the Cooperative rules and regulations, which may be modified at any time by the Cooperative.
- I understand that my employment may be terminated or I may resign at any time, with or without notice, with or without cause, the Cooperative's only obligation being to pay me wages or salary earned by me to date of termination. I further acknowledge and agree that the period of my employment is indefinite and that no documents of the Cooperative shall constitute a contract of employment. The policy set forth in this paragraph may be modified only by written agreement signed by me and by an officer of the Cooperative.
- I agree that employment may be contingent upon meeting all placement considerations, including a post offer pre-employment physical exam and drug test.
- All right, title and interest, including, without limitation, all copyrights and patents, in and to any material produced or inventions developed by me which affect or relate to the Cooperative's business or affect or relate to the Cooperative's industry shall vest in the Cooperative and I shall have no personal right, title or interest whatsoever therein.
- The Cooperative, and any person or concern it may authorize, shall be entitled, without further consent, to copyright, sell, or use in any manner, any picture or photograph of me.
- The Cooperative shall have the right at any time after the termination of my employment to furnish to others information concerning my employment record, work habits, and work performance with the Cooperative, including the information contained in this application, or copies of any information which is maintained in my personnel file. I specifically release the Cooperative, its officers, directors, agents and employees from any and all liability regarding the release of any information described in this paragraph.
- I agree not to disclose any of the Cooperative's trade secrets or other confidential or restricted information and not to make use of such trade secrets or confidential or restricted information in any fashion during employment or after my employment with the Cooperative is terminated.
- I understand and agree that any employee handbook that I may receive will not constitute an employment contract, but will merely be a gratuitous statement of the Cooperative's then existing policies.
- Neither acceptance of this Application 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 employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other customary practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of the Cooperative, or otherwise to change in any respect the employment-at-will relationship between it and he undersigned, and that relationship cannot be altered except by the written instrument signed by the President of the Cooperative. Both the undersigned and the Cooperative may end the employment relationship at any time, without specified notice or reason, and without liability by the Cooperative to the undersigned except for earned wages or salary.
- I authorize the Cooperative to investigate all statements contained in this application and hereby release former employers and the Cooperative from any and all liability on account of furnishing such information to the Cooperative.

FALSIFICATION, MISREPRESENTATION OR OMISSION OF INFORMATION ON THIS, OR ON ANY OTHER EMPLOYMENT FORM, SHALL BE GROUNDS FOR IMMEDIATE TERMINATION, REGARDLESS OF WHEN SUCH FALSIFICATION, REPRESENTATION OR OMISSION IS DISCOVERED.

Signature of Applicant

Date

WE APPRECIATE YOUR INTEREST IN THE COOPERATIVE AND THE TIME YOU HAVE TAKEN TO PREPARE THIS APPLICATION.

**DISCLOSURE FOR CONSUMER REPORTS
AND BACKGROUND CHECK AUTHORIZATION**

In connection with my application for employment with Southwest Iowa Rural Electric Cooperative, I understand that a background check will be conducted and, as part of the background check, consumer reports will be requested by the Cooperative. These reports may include, as allowed by law, the following types of public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

I AUTHORIZE PROCUREMENT OF SUCH CONSUMER REPORT(S) AS PART OF THE APPLICATION AND SELECTION PROCESS. If I am hired, this authorization shall remain on file and shall serve as ongoing authorization for the Cooperative to continue to obtain such consumer reports throughout my employment.

Signature: _____

Dated: _____