

APPLICATION FOR EMPLOYMENT



Shelby Energy
Cooperative

A Touchstone Energy[®] Cooperative 

Name _____

Date _____

Please indicate the position(s) for which you wish to be considered. Applicants are considered only for specific positions. (do not list "any")

1. _____

2. _____

3. _____

Your Application will be Active for 180 Days

APPLICATION FOR EMPLOYMENT

DATE: _____ **POSITION APPLIED FOR:** _____

Referred by: _____ **Date Available for Work:** _____

INSTRUCTIONS: Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for the position(s) for which you have applied. Upon employment, this application will become part of your permanent record at Shelby Energy Cooperative. Keep this in mind as you complete it. *Special Note: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. Shelby Energy Cooperative does not discriminate on the basis of race, color, religion, gender, national origin, pregnancy, marital status, citizenship, age, disability, veteran status, or any other legally protected class. You may request assistance in completing this application.*

.....
PERSONAL

Name _____ Telephone Number: () _____

First M.I. Last
Street _____ Box _____ City _____ ST _____ Zip _____

Cell/Digital Phone _____ E-Mail Address _____ @ _____

If younger than 21, state your age here _____ Are you legally entitled to work in the United States? ** yes no

**Compliance with I-9 requirements is mandatory, upon employment

If convicted of a crime(s), explain here: _____ No convictions
(A criminal conviction may or may not prohibit you from employment)

Have you ever been convicted of a moving traffic violation? yes no If yes, list all here: _____

Have your driving privileges ever been revoked or suspended? yes no If yes, list here when and why: _____

Do you currently hold a Commercial driving license (CDL)? yes no

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EDUCATION

High School (Name and Address) _____

Did you graduate? _____ If no, last grade completed _____ G.E.D. Obtained? _____ Grade Average _____

Colleges (Name and Address) _____

Colleges (Name and Address) _____

Did you graduate? _____ If no, number of hours completed _____ Grade Point Average _____ Degree _____

Major _____ Minor _____ If attending, date of graduation _____

Other Education _____

License(s), including the state of issue and the number: _____

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MILITARY not applicable

List service in U.S. Military: From _____ to _____ Branch _____

Rank at Discharge _____ Military experience that may be applicable to working here _____

GENERAL EMPLOYMENT INFORMATION

1. List here all of the equipment with which you have experience and training. (Examples: cash register, small tools, forklift, word processor, calculator, computers, etc.): _____

2. Are you willing to relocate? _____ If yes, state location preferred _____
3. Salary Expected _____ hour _____ or week Number of hours you are available per week? _____ No preference
4. Type of work sought: regular full time regular part time temporary seasonal as needed
5. Which of the following are you available: **Days:** yes no **Nights:** yes no **Weekends:** yes no
Holidays: yes no **Shift Work:** yes no
6. Indicate hours you are available to work on the following days (or check *Anytime*, if you have no restrictions):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime
7. Are you able and willing to perform the essential functions of the job for which you are applying, including travel, if necessary? yes no don't know
 •If no, indicate reason: need different hours need different days need more training change in duties
 Other, (explain accommodation needed:) _____
8. Are you currently under a non-compete agreement that will prevent you from working for any business in our industry?
 yes no If yes, please explain and list the date the agreement expires: _____

EXPERIENCE: List below all present and past employment, beginning with your most recent employer

1. Employer _____ Starting Salary _____ per hour or week
 Address _____ Last Salary _____ per hour or week
 Kind of Business _____ Supervisor _____
 Job Title _____ Reason for Leaving: Quit Discharge Retired
 Dates Employed _____ to _____ Laid Off Why? _____
 For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____
 ...
2. Employer _____ Starting Salary _____ per hour or week
 Address _____ Last Salary _____ per hour or week
 Kind of Business _____ Supervisor _____
 Job Title _____ Reason for Leaving: Quit Discharge Retired
 Dates Employed _____ to _____ Laid Off Why? _____
 For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____
 ...
3. Employer _____ Starting Salary _____ per hour or week
 Address _____ Last Salary _____ per hour or week
 Kind of Business _____ Supervisor _____
 Job Title _____ Reason for Leaving: Quit Discharge Retired
 Dates Employed _____ to _____ Laid Off Why? _____
 For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____
 ...
4. Employer _____ Starting Salary _____ per hour or week
 Address _____ Last Salary _____ per hour or week
 Kind of Business _____ Supervisor _____
 Job Title _____ Reason for Leaving: Quit Discharge Retired
 Dates Employed _____ to _____ Laid Off Why? _____
 For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____

In the following space, please describe how our company will benefit from your work here.

Please list the name, address and contact information of three references who can attest to your knowledge, skill and ability to perform the work for which you are applying. We are seeking business related references, not personal references.

Name: _____ Phone No. (_____) _____

Employer: _____ Location: _____ Position: _____

Name: _____ Phone No. (_____) _____

Employer: _____ Location: _____ Position: _____

Name: _____ Phone No. (_____) _____

Employer: _____ Location: _____ Position: _____

CONDITIONS OF EMPLOYMENT

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.
- III. I understand that I may be required to work overtime as a condition of being employed.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at-will, and that this application is not a contract of employment with Shelby Energy Cooperative, and that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either Shelby Energy Cooperative, or me. I understand that no representative of Shelby Energy Cooperative, has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of Shelby Energy Cooperative, may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and the President of Shelby Energy Cooperative.
- V. I understand that I will be required to submit to a pre-employment, and/or post-employment test for fitness and/or substance abuse, if not prohibited by law.
- VI. Upon separation of employment, I authorize Shelby Energy Cooperative, to withhold from my final pay check any monies owed to them by me (if not prohibited by law) for equipment, loans, products, services, materials or other assets in my possession not promptly returned or repaid as agreed.
- VII. As a condition of employment, I accept that any complaint or conflict that cannot be resolved internally may be referred to Alternative Dispute Resolution, unless prohibited by law.

DATE _____ **SIGNATURE** _____