



Jasper-Newton Electric Cooperative, Inc.

Application for Employment

DECA Student: Yes No

Jasper-Newton Electric Cooperative Inc. is an equal opportunity employer

Name:			
	Last	First	Middle
Address:			Phone: _____
	City	State	Email: _____
Are you 18 yrs or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible to be employed in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position/Department desired: _____			
<input type="checkbox"/> Construction <input type="checkbox"/> ROW <input type="checkbox"/> Shop <input type="checkbox"/> Warehouse <input type="checkbox"/> Dispatch <input type="checkbox"/> Member Service <input type="checkbox"/> Other: _____			
Date Available: _____		Salary Desired: _____	
EDUCATION			
High School: _____		City: _____ Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College: _____		City: _____ Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Course of Study: _____		Years Attended: _____	
Trade School: _____		City: _____ Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Course of Study: _____		Years Attended: _____	
MILITARY SERVICE			
Branch of Service: _____		Years of Enlistment: _____	
Rank: _____		Discharge Date: _____	
CERTIFICATES/LICENSES: _____			

Describe other training/skills: _____			

All applicants are subject to driving, background, criminal checks.

EMPLOYMENT HISTORY

Current/Last Employer: _____ City: _____
 Hire Date: _____ Beginning Weekly Salary \$ _____
 Termination Date: _____ Final Weekly Salary \$ _____
 Job Title: _____
 Name/Title of Supervisor: _____
 May we contact this supervisor? Yes No Phone # _____
 Reason for Leaving: _____

Previous Employer: _____ City: _____
 Hire Date: _____ Beginning Weekly Salary \$ _____
 Termination Date: _____ Final Weekly Salary \$ _____
 Job Title: _____
 Name/Title of Supervisor: _____
 May we contact this supervisor? Yes No Phone # _____
 Reason for Leaving: _____

Previous Employer: _____ City: _____
 Hire Date: _____ Beginning Weekly Salary \$ _____
 Termination Date: _____ Final Weekly Salary \$ _____
 Job Title: _____
 Name/Title of Supervisor: _____
 May we contact this supervisor? Yes No Phone # _____
 Reason for Leaving: _____

REFERENCES (non-relative)

Name:	Phone #	Occupation/Business	Years Known
1			
2			
3			

By my signature below I certify that all information I have provided herein is true and complete. I understand that my application may be rejected (or my employment may be terminated) if the information I have provided contains any false information, omissions or misrepresentations. I understand that employment at Jasper-Newton Electric Cooperative, Inc. is on an at-will basis. Accordingly, my employment may be terminated at any time, by me or by the Cooperative with or without notice and with or without cause. I also understand that the at-will nature of my employment with the Cooperative may not be modified except by a written document signed by the Board of Directors of the Cooperative and that no Cooperative employee or manager is authorized to make any agreements or assurances concerning the terms, conditions or duration of my employment.

 Applicant Signature

 Date