JASPER-NEWTON ELECTRIC COOPERATIVE, INC. APPLICATION FOR EMPLOYMENT

Name		First			Middle		
Address		First		Dhana (
Social Security Number:	Security Number: -		- Are You 18 y		vears of age or older? Yes No		
Are you legally eligible to	become employed in the	United States?	Yes No				
Position Desired:		Salary Desired:			Date Available to Work:		
How did you hear about this job opening? Newspaper State Employment Office Friend Other							
EDUCATION: High School:	on:	Did you graduate?					
College: Local Course of Study:				_ Years Attended: Did you graduate?			
Trade School: Loca Course of Study				_Years Attended: _Did you graduate?			
MILITARY SERVICE:							
Branch of Service:		_ Discharge Date:		Rank:			
Describe other training and/or skills:							
REFERENCES: (Please do not list relatives as references.)							
Name	Address & Phone Nu	ımber	Occupation	or Busin	ess	Years Known	
1.			-				
2.							
3.							

WORK HISTORY (Please list your last three employers - the most recent experience first.)

WORK HISTORY (Flease II	ist your last tiffee employers - the most recent experience first.)
Name and address of present (or last)	employer:
Hire Termination Date: Date:	
Beginning Weekly Salary: \$	Present (or final)Weekly Salary :\$
Job Title:	Name and title of supervisor:
May we contact your supervisor?	Phone Number: ()
Reason for leaving:	
Name and address of previous employ	yer:
Hire Termination Date: Date:	
Beginning Weekly Salary: \$	Final Weekly Salary :\$
Job Title:	Name and Title of Supervisor:
May we contact your supervisor?	Phone Number: ()
Reason for leaving:	
Name and address of previous employ	yer:
Hire Termination Date: Date:	
Beginning Weekly Salary: \$	Final Weekly Salary :\$
Job Title:	Name and Title of Supervisor:
May we contact your supervisor?	
Reason for leaving:	
understand that my application I have provided contains an employment at Jasper-Newto employment may be terminate or without cause. I also unde not be modified except by a	rtify that all information I have provided herein is true and complete. In may be rejected (or my employment may be terminated) if the information y false information, omissions or misrepresentations. I understand that on Electric Cooperative, Inc. is on an at-will basis. Accordingly, my ed at any time, by me or by the Cooperative with or without notice and with erstand that the at-will nature of my employment with the Cooperative may written document signed by the Board of Directors of the Cooperative and or manager is authorized to make any agreements or assurances concerning on of my employment.
Applicant Signature	Date