

Grundy County Rural Electric Cooperative Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Available to Travel: _____ Available Full-Time: _____

Position Applied for: _____

Are you related to any co-op employee? YES NO Are you related to any Board Member? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Are you able to perform the essential functions of the job? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Honorable/General: _____

Driver's License

If the position you are applying for requires driving a vehicle or equipment which requires a license, do you have a valid Iowa Driver's License or a Commercial Driver's License? YES NO

License Number: _____

State Issued: _____

Expiration Date: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

I acknowledge that if this application leads to an offer of employment, I will be subject to an appropriate medical examination and drug test and that such reports could nullify my ultimate employment by this Cooperative.

With your permission, a background check will be performed as part of the Cooperative's review of the application.

Signature: _____ Date: _____

We appreciate your interest in the Cooperative and the time you have taken to prepare this Application.

For Cooperative use only.

Date of Interview: _____

Date of Offer: _____

Start Date: _____

Department: _____

Wage Rate: _____