



Application for Employment

7401 Yukon Dr
 Bismarck, ND 58503
 (701)223-1513
 An Equal Opportunity Provider and Employer

Position Applying for: _____

P E R S O N A L	Last Name	First	MI	Date
	Address			Phone
	City	State	Zip Code	E-mail Address
	Do you have a valid drivers license? Yes No State _____ Class _____			Salary Desired
	How did you hear of our organization and/or this position?			When will you be available for employment?
	State the names of any relatives who are directors, officers, or employees of this company:			Are you over the age of 18?
	Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?			Are you eligible to work in the United States?

E D U C A T I O N	School	Name and Location of School	Did you Graduate?	Course of Study/Degree
	High School			
	College			
	Graduate			
	Other			
List any educational honors, activities, achievements:				

S K I L L S	Describe any other special skills, certifications, training or abilities you have:

EMPLOYMENT HISTORY		Please give an accurate, complete employment record for the last (7) years. Start with your present or most recent employer
1	Company Name	Telephone No.
	Address	Dates of Employment:
	Name and title of Supervisor	Reason for leaving?
	Summarize the nature of work performed and job responsibilities	May we contact?

2	Company Name	Telephone No.
	Address	Dates of Employment:
	Name and title of Supervisor	Reason for leaving?
	Summarize the nature of work performed and job responsibilities	May we contact?

3	Company Name	Telephone No.
	Address	Dates of Employment:
	Name and title of Supervisor	Reason for leaving?
	Summarize the nature of work performed and job responsibilities	May we contact?

4	Company Name	Telephone No.
	Address	Dates of Employment:
	Name and title of Supervisor	Reason for leaving?
	Summarize the nature of work performed and job responsibilities	May we contact?

M I L I T A R Y	Have you served in the U.S. Military?	Branch of Service
	Describe your duties or special training that relate to this application	From: To:
		Rank at Discharge

R E F E R E N C E S	List up to 3 personal references other than employers or relatives:		
	Name	Address & Phone No.	Business or Occupation

S I G N A T U R E	I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Capital Electric Cooperative to hire me. I attest with my signature below that I have given to Capital Electric Cooperative true and complete information on this application. No requested information has been concealed. I authorize Capital Electric to contact references provided for employment reference checks.	
	If any information I have provided is untrue, or I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.	
	_____	_____
	Date	Signature