



# Application For Employment

## ***H-D ELECTRIC COOPERATIVE, INC.***

Address:  
P. O. Box 1007 423 3rd Ave South  
Clear Lake SD 57226

Phone: 605-874-2171  
Fax: 605-874-8173  
E-mail: anniea@h-delectric.coop

H-D Electric is an equal opportunity employer. No information provided here will be used in an unlawful manner.

### **GENERAL INFORMATION:**

Position for which you are applying:

Name: (last, first, middle initial)

Present Address (street, city, state, zip):

Social Security No:

Home Phone:

Business Phone:

Are you under the age of 18?

Yes  No

Are you related by blood or marriage to any of the following persons: an employee of H-D Electric or a member of the H-D Electric Board of Directors?

Yes  No

If the answer is "yes", state the name(s), relationship(s), and position(s) held by the person(s) to whom you are related: \_\_\_\_\_

Do you have the legal right to work in the United States? You will be required as a part of the application process to provide any employment eligibility verification mandated by the Federal government.

Yes  No

Have you ever been employed by H-D Electric? If yes, provide dates of employment.

# Employment History

Begin with your current or most recent position and work backwards; attach additional pages if necessary.

Job Title \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_ City/State \_\_\_\_\_  
Supervisor's Name / Title \_\_\_\_\_ Phone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_  
Duties performed and knowledge or skills gained from this experience:

---

---

---

---

Job Title \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_ City/State \_\_\_\_\_  
Supervisor's Name / Title \_\_\_\_\_ Phone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_  
Duties performed and knowledge or skills gained from this experience:

---

---

---

---

Job Title \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_ City/State \_\_\_\_\_  
Supervisor's Name / Title \_\_\_\_\_ Phone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_  
Duties performed and knowledge or skills gained from this experience:

---

---

---

---

May we contact the employers listed prior to making an offer of employment to you?  Yes  No  
If no, indicate which employer(s) we should NOT contact: \_\_\_\_\_

## Other Knowledge, Skills, and Abilities

Summarize any other knowledge, skills, or qualifications that may be relevant to the position.

---

# Education and Training

Do you possess a high school diploma or GED?

Yes  No

## EDUCATION

Name and Address of Post-Secondary School: \_\_\_\_\_

Number of Years Attended \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Did you graduate?  Yes  No Type of degree \_\_\_\_\_

Include Transcripts Please

Name and Address of Post-Secondary School: \_\_\_\_\_

Number of Years Attended \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Did you graduate?  Yes  No Type of degree \_\_\_\_\_

Include Transcripts Please

List all relevant licenses, certificates or registrations you possess (include expiration date, license number, and issuing state). Also identify any other educational experiences that may be relevant to the position for which you are applying.

Are you attending school or taking courses now?

Yes  No

If yes, where? \_\_\_\_\_

List scholastic honors:

## REFERENCES

Do not list previous employers or relatives. Include only individuals familiar with your work ability.

| NAME | ADDRESS AND PHONE | OCCUPATION |
|------|-------------------|------------|
|      |                   |            |
|      |                   |            |
|      |                   |            |

# AUTHORIZATION

**Please read carefully and initial each paragraph before signing.**

I certify that the facts contained in this application for employment at H-D Electric Cooperative, Inc., are true and complete to the best of my knowledge. I understand that any misrepresentations, falsifications, or deliberate omissions will result in my immediate dismissal.

\_\_\_\_\_ Initial

I authorize investigation of all statements herein. I also authorize by my signature below or a copy thereof, the organizations and individuals referred to herein to furnish information to the Cooperative. The Cooperative shall be held harmless should it, in processing this employment application, rely on information provided from these sources, even if the information provided is inaccurate or erroneous.

\_\_\_\_\_ Initial

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures, or handbooks that I might receive, is intended to create an employment contract between H-D Electric Cooperative, Inc., and myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Cooperative. If an employment relationship is established, I understand that I have a right to terminate my employment at any time, for any reason or for no reason, and H-D Electric Cooperative, Inc., retains a similar right to the full extent permitted by law.

\_\_\_\_\_ Initial

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime or a work schedule that includes Saturday and Sunday. I understand and accept these as conditions of employment, if hired.

\_\_\_\_\_ Initial

In the event that I am hired, I will abide by all of the Cooperative's rules, regulations, policies, and practices and understand that these may be changed from time to time at the discretion of the Cooperative.

\_\_\_\_\_ Initial

I understand that if offered employment by H-D Electric Cooperative, Inc., I will be required to undergo a physical examination which will include urine testing. Urinalysis will test for the presence of drugs and/or metabolites of the following controlled substances: (1) marijuana; (2) cocaine; (3) opiates; (4) amphetamines; and (5) phencyclidine (PCP).

\_\_\_\_\_ Initial

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY DRIVER / APPLICANT

**Complete this page if you are a commercial driver's license holder only.**

Date: \_\_\_\_\_

***To be completed by driver / applicant.***

During the past (2) years, have you **tested positive** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES  NO

During the past (2) years, have you **refused to test** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES  NO

**If you answered yes to either of the questions above**, please provide documentation of your successful completion of the return-to-duty process.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Name of Driver \_\_\_\_\_

Signature of Driver \_\_\_\_\_

Social Security Number \_\_\_\_\_ Witness \_\_\_\_\_

# EQUAL EMPLOYMENT OPPORTUNITY & AFFIRMATIVE ACTION STATISTICS

## COMPLETION IS VOLUNTARY

Position for which you are applying: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

H-D Electric Cooperative, Inc. by virtue of its federal contracts, is subject to the equal employment opportunity and affirmative action obligations of Executive Order 11246, as amended, and its implementing regulations which require the Cooperative to conduct statistical analyses using data on the race and sex of applicants for employment, to be included in its Affirmative Action Program for Minorities and Women. Additionally, the Cooperative is required to submit this information to the U.S. Department of Labor's Office of Federal Contract Compliance Programs upon request.

**Completion of this form is voluntary.** Any information you provide will be used by the Cooperative only to comply with its equal employment opportunity and affirmative action obligations under the law. Neither the information provided nor the failure to provide such information will adversely affect your consideration for employment or subject you to any other adverse treatment. This form will be maintained in a file separate from your application for employment and no one involved in the hiring process will have access to this information.

## RACE / ETHNICITY:

1.  American Indian or Alaskan Native - a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
2.  Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3.  Black or African American - A person having origins in any of the Black racial groups of Africa.
4.  Hispanic or Latino (White race only) - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and the White race.
5.  Hispanic or Latino (all other races) - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.
6.  Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
7.  WHITE (not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

## IDENTIFICATION OF SEX

1.  Male                      2.  Female

## REFERRAL SOURCE

1.  State Employment Office
2.  Newspaper Ad (specify newspaper) \_\_\_\_\_
3.  Friend/Relative \_\_\_\_\_
4.  Social/Community Organization (specify) \_\_\_\_\_
5.  Current H-D Electric Employee
6.  Private Employment Agency
7.  Other Publication (specify) \_\_\_\_\_
8.  Self Referral: Walk-in, Write-in, Phone-in
9.  Internet: HD Website \_\_\_\_\_ Other (specify) \_\_\_\_\_
10.  Other (specify) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_