


# Application for Employment



Egyptian Electric  
Cooperative Association

Your Touchstone Energy® Cooperative 

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or the interview process should notify a representative of the Human Resources Department.

Position(s) applied for: \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

If necessary, best time to contact you at home:.....:\_\_\_\_\_ AM PM

May we contact you at work?..... Yes No

If yes, work number and best time to call .....(\_\_\_\_) \_\_\_\_\_:\_\_\_\_\_ AM PM

Have you submitted an application here before?..... Yes No

If yes, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before? ..... Yes No

Do you have a relative who is employed by the Cooperative or services on the Board of Directors?..... Yes No

Are you legally eligible for employment in this country?..... Yes No

Date first available for work:..... \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

Will you relocate if the job requires it?..... Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of this position? ..... Yes No

Will you work overtime if required?..... Yes No

If no, please explain: \_\_\_\_\_

Have you ever been bonded? ..... Yes No

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime?..... Yes No

If yes, please provide date(s) and details: \_\_\_\_\_

Answering yes to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. Note: The applicant is not obligated to disclose sealed or expunged records of convictions or arrest.

Drivers license number if driving is an essential job function \_\_\_\_\_ State: \_\_\_\_\_

Do you have a CDL?..... Yes No If yes, please list endorsements you have on your CDL

# Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (attach additional pages if necessary). Explain any gaps in employment in comments section on page 4.

Employer	Date Employed	Summarize the type of work performed and key job responsibilities
Address	From      To	
Starting Job Title/Final Job Title	Hourly Rate/Salary Starting	
Immediate Supervisor and Title	\$      Pay Period	
Reason for Leaving	Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$      Pay Period	

Employer	Date Employed	Summarize the type of work performed and key job responsibilities
Address	From      To	
Starting Job Title/Final Job Title	Hourly Rate/Salary Starting	
Immediate Supervisor and Title	\$      Pay Period	
Reason for Leaving	Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$      Pay Period	

Employer	Date Employed	Summarize the type of work performed and key job responsibilities
Address	From      To	
Starting Job Title/Final Job Title	Hourly Rate/Salary Starting	
Immediate Supervisor and Title	\$      Pay Period	
Reason for Leaving	Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$      Pay Period	

Employer	Date Employed	Summarize the type of work performed and key job responsibilities
Address	From      To	
Starting Job Title/Final Job Title	Hourly Rate/Salary Starting	
Immediate Supervisor and Title	\$      Pay Period	
Reason for Leaving	Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$      Pay Period	

## Educational Background

School	Number of Years Completed	Degree Diploma	GPA-Class Rank	Major	Minor

## References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Number of Years Known

## Additional Information

List professional, trade, business or civic associations and any offices, held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

---

---

---

---

List any additional information you would like us to consider, such as special training, skills, licenses and/or certificates.

---

---

---

---

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with Egyptian Electric Cooperative Association is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from Egyptian Electric Cooperative Association's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from Egyptian Electric Cooperative Association and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the Egyptian Electric Cooperative Association reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Egyptian Electric Cooperative Association is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Egyptian Electric Cooperative Association's Executive Vice President/General Manager.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I also understand that if I am offered employment by Egyptian Electric Cooperative Association, such employment is contingent on my passing of physical, health, hearing and/or other exams as required by the Cooperative.

## Additional Comments

---

---

---

---

DO NOT SIGN THIS APPLICATION FOR EMPLOYMENT UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Please return completed application to:

HR Department  
1005 West Broadway  
PO Box 38  
Steeleville, IL 62288  
Fax (618) 965-3806