# APPLICATION FOR EMPLOYMENT

Maquoketa Valley Electric Cooperative is an Equal Opportunity Employer and a drug-free workplace. No information provided here will be used in an unlawful manner. Application will be kept on file for one year from receipt.



109 N. Huber Street Anamosa, IA 52205 319-462-3542 800-927-6068 www.mvec.coop

Position(s) Ap	plied For	I	Date of Application	
How Did You Advertiser Internet	Learn About This Job Opening ment	Oth	ier	
Last Name	First Name	Mido	dle Name	
Address	City	State	Zip Code	
Telephone	Cell Phone Ema	ail Address		
<ul> <li>Yes No If you are under 18 years of age, can you provide required proof of your eligibility to work?</li> <li>Yes No Do you have a valid lowa driver's license? (A valid driver's license is a job-related requirement of some positions.)</li> <li>Yes No Do you have a valid <b>commercial</b> driver's license? (A valid commercial driver's license is a job-related requirement of some some positions.)</li> <li>Yes No Have you ever filed an application for employment with us? If yes, give date</li> <li>Yes No Have you ever been employed with us? If yes, give date</li> <li>Yes No Are you currently employed? On what date would you be available for work?</li> <li>Yes No Are you available to work: Full Time Part Time Shift Temporary</li> </ul>				
🗌 Yes 🗌 No	Are you currently on "lay-off" status and subject to recall?			
Yes No	Can you travel if the job requires?			
Yes No	Have you been convicted of a crime or other offense? If yes, please explain in the Comments section on page 3. Conviction will not necessarily disqualify from employment. Consideration will be given to the nature of the offense, length of the time since conviction or release, and nature of the job for which you are applying.			
🗌 Yes 🗌 No	Are you authorized to work in the United States?			

#### **EMPLOYMENT HISTORY**

Provide the employment information requested below. Begin with your present or most recent employment. Use back of form if you need more space to complete your employment history.

Ending Salary:       Month Year       Month Year         Name of Supervisor(s):       Reason for leaving:	Employer Name and Address:	Job Title: Describe the work you did:	
Employer Name and Address:       Job Title:	Type of Business: Starting Salary:	From: / To: /	
Describe the work you did:	Name of Supervisor(s):	Reason for leaving:	
Type of Business:	Employer Name and Address:	Job Title: Describe the work you did:	
Name of Supervisor(s):       Reason for leaving:         Employer Name and Address:       Job Title:         Describe the work you did:       Describe the work you did:         Phone Number:	Type of Business: Starting Salary:	From:/ To:/	
Describe the work you did:             Phone Number:          Type of Business:          Starting Salary:       From:         Ending Salary:       To:			
Type of Business:	Employer Name and Address:	Job Title: Describe the work you did:	
Starting Salary:         From:         /         To:         /           Ending Salary:			
Name of Supervisor(s):        Reason for leaving:	Starting Salary: Ending Salary:	From:/ To:/	
	Name of Supervisor(s):	Reason for leaving:	

### **EDUCATION AND TRAINING**

	High School	Vocational/Technical	College/University	Post Graduate
School Name & Address				
Degree Received				
Number of Years Attended				
Major Course(s) of Study				
Other Post High School Courses Completed				

#### SPECIALIZED TRAINING OR SKILLS

List current office skills, personal computer training, computer literacy, special licenses, etc. that you possess that pertain to the postition for which you are applying.

## COMMENTS

SERVICE IN THE ARMED FOR	CES	
From: / / Month Day Year	To: / / / Month Day Year	
Branch of Armed Forces:		Rank:
General Duties/Training:		

#### REFERENCES

Give the name, address, and telephone number of three references who are not related to you; one personal reference and two references who have previously supervised you in a job situation.

1		
2		
3		

## **APPLICANT AUTHORIZATION**

## **READ CAREFULLY BEFORE SIGNING**

I certify that the information I have provided in this application for employment with Maquoketa Valley Electric Cooperative is true and complete. I understand that any misrepresentations, falsifications or deliberate omissions will result in my immediate dismissal.

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.

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 Maquoketa Valley Electric Cooperative and me. 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 Maquoketa Valley Electric Cooperative has a similar right regarding the discontinuation of my employment to the full extent permitted by law.

Once an offer of employment has been made, all applicants are required to satisfactorily pass a physical examination to determine their capability to perform duties described in the job description. I realize that under certain provisions of Iowa law, pre-employment drug testing could be a condition of my employment. I also acknowledge that the employer may require drug testing at a subsequent time, provided that proper advance notice of testing is provided.

I understand that no verbal statement or job offer made by any employee of Maquoketa Valley Electric Cooperative can conflict with the above statement and any such statements or offers are superseded by the application.

Signature\_\_\_\_\_

Date\_\_\_\_\_