Employment Application

LYNTEGAR ELECTRIC COOPERATIVE, INC.

Lyntegar Electric Cooperative, Inc. places great emphasis on customer service, teamwork, problem solving, and innovation. We look for people who exemplify these qualities and are willing to work hard for our membership. *Lyntegar Electric Cooperative, Inc.* is an equal opportunity employer.

Applicant Name

Today's Date



Personal Information (Please Print Clearly)

Last Name	First Name	Middle Name
Street Address	Mailing Address:	
	State	Zip Code
	s at current address	
Home Phone	Work Phone	
Fax		
I understand that upon employment, pro	oof of legal right to work in the United States and complet	tion of I-9 form will be required.
Are you eligible to work for any Unit		No .
If you are under 18 years of age, do	you have a work permit? Yes I	No
Have you ever been convicted of a f	elony? Yes No If yes explain	
Do you have a valid driver's license	? Yes No License #	Expires
Do you have a valid Commercial Dri	iver's License (CDL)?	se # Expires
Can you travel if the position require	es travel? Yes No	
If you have ever worked under or ear	med degrees under another name, please list below:	
Last Name	First Name	Middle Name
Position Desired		
Position Applied for		
How did you learn of this vacancy?		
Salary Desired (Annual) \$	Date Available	
Are you able to perform the essentia	al functions of this position?	No
If no, what accommodation would m	nake it possible for you to perform this job?	
	d by Lyntegar Electric Cooperative or another electri	
ii yes, indicate position, department, an	d dates:	
Do you have any relatives employed If Yes, who?	a at Lyntegar Electric Cooperative?	No
Lyntegar Electric Cooperative	, $Inc.$ is an equal opportunity employer and recruits, ad	vertises, employs, promotes, transfers,

disciplines, and discharges without regard to race, color, religion, national origin, age, sex, marital status, ancestry, physical or mental disability, or veteran status.

Education and Training

Indicate Last Level of Education Completed

High School 1 2 3 4 College or University 1 2 3 4 Graduate School 1 2 3 4					
Type of Education	Name and Location (City, State, Country)	GPA	Did you graduate?	Major and Minor	Degree Earned

Professional certifications and licenses (such as CPA, NASD series 6)

Computer skills (software programs, hardware, operating systems)

Other skills or experience that are pertinent to the job applied for

Employment History (Please Print Clearly)

MUST BE COMPLETED EVEN IF ATTACHING YOUR RESUME.					
List your last three employers with the second seco	with the most recent first. may we contact your employer?	Yes	No		
Previous Employer					
	Month/Year				
	Month/Year		Month/Year		
Starting Salary		Ending Salary			
Contact's Phone Number		Address			
Supervisor's Name		Supervisor's Job	Title		
Reason for leaving					

Previous Employer	
Dates Employed—From	To
Ν	Month/Year Month/Year
Starting Salary	Ending Salary
Contact's Dhane Number	Address
Supervisor's Name	Supervisor's Job Title
Your Job Title	
Reason for leaving	
Dates Employed—From	
	Month/Year Month/Year
Starting Salary	Ending Salary
Contact's Phone Number	
Supervisor's Name	Supervisor's Job Title
Your Job Title	Your Duties

Reason for leaving

Professional References (Please list only references that we may contact at this time)

Name	Title	Company	Phone Number
			Home
			Work
			Home
			Work
			Home
			Work

Affidavit

Nonbinding Application and Interview Process: I understand that this application will be reviewed, but nothing in this application or any other documents or in the employment evaluation process shall be construed as either an offer or contract of employment or an obligation on the part of *Lyntegar Electric Cooperative, Inc. to* provide any benefit to me.

Employment-At-Will: I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Lyntegar Electric Cooperative, Inc. or myself.

I hereby declare that my statements on this application and on my resume or documents provided by me to Lyntegar Electric Cooperative, Inc., are true and correct to the best of my knowledge. I acknowledge and agree that providing any false information may result in a decision not to hire me, or if hired, may result in the termination of my employment. I also authorize investigation of these statements. This investigation may include employment history, reasons for leaving previous employers, criminal record, credit record, driving record, social security number investigation, and degree/certificate verification. I hereby release Lyntegar Electric Cooperative, Inc. from all liability for any damages resulting from the information obtained. This application shall be considered active for a period of time not to exceed 180 days.

APPLICANT'S SIGNATURE



Lyntegar Electric Cooperative, Inc.

Equal Employment Opportunity Form

ull Name:			
	Last	First	M.I.
Address:			
	Street Address		Apartment/Unit #
	City	State	ZIP Code
Home Phone:	()	Social Security Num	

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Raci	al or Ethnic Group						
	American Indian/Alaskan		Asian/Pacific Islander		Black/African American		
	Hispanic/Latino		White/Caucasian		Other		
Genc	ler						
	Female		Male				
Milit	Military Service						
	Pre-Vietnam Era		Vietnam Era				
	Post-Vietnam Era		Disabled Veteran				
How did you hear about this position?							
	Newspaper		Company Employee		Professional Publication		
	Job Fair		Placement Office		Website		
	Other						