



## APPLICATION FOR EMPLOYMENT

This cooperative does not discriminate in hiring or employment on the basis of age, race, color, sex, religion, national origin, or handicap. No question on this application is intended to secure information to be used for such discrimination. We advise that we intend to check and hold you responsible for the accuracy of the statements you make on this application.

### PERSONAL INFORMATION

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

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

If not a United States Citizen, do you have the legal right to remain and work in the U.S.?  Yes  No

Type of Visa: \_\_\_\_\_ Visa Number: \_\_\_\_\_

If under age 18, do you have a work permit?  Yes  No

*(Be prepared to provide proof of citizenship or legal residence and work permit to interviewer.)*

If a military veteran or reservist, give service and classification: \_\_\_\_\_

Service dates: \_\_\_\_\_ to \_\_\_\_\_. Type of discharge: \_\_\_\_\_

Military duties and training: \_\_\_\_\_

If you have ever been convicted of a felony, explain and give date(s). A conviction of a felony will not automatically preclude you from obtaining employment. \_\_\_\_\_

In case of emergency, please list the name and contact information of a person or individual:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

### EMPLOYMENT DATA

Position applying for (if applicable): \_\_\_\_\_

How did you hear about this position?  Newspaper  Facebook  Webpage  NWREC Employee  
 Other: \_\_\_\_\_

Type of work preferred: \_\_\_\_\_ Experience \_\_\_\_\_ Qualifications \_\_\_\_\_

First Choice: \_\_\_\_\_ Yes No \_\_\_\_\_

Second Choice: \_\_\_\_\_ Yes No \_\_\_\_\_

Check your availability and willingness to work:  Full Time  Part Time  Overtime  Temporary

Do you agree to work shifts other than the one for which you are applying and/or hours in excess of the regular working hours when conditions require such scheduling changes?  Yes  No

Are you available to travel if the job requires it?  Yes  No

Are you able to perform the tasks of the position for which you applied?  Yes  No

Have you been employed with North West REC before?  Yes  No If yes, provide dates: \_\_\_\_\_

Are you related to any employee of the Cooperative or a member of the Board of Directors?  Yes  No

If yes, give the name, position and relationship: \_\_\_\_\_

If you are presently employed, may we contact your current employer?  Yes  No

Explain: \_\_\_\_\_

Date available for work: \_\_\_\_\_ Salary expected: \_\_\_\_\_

### **EDUCATION**

School	Name\Location	Dates Attended	Years Completed	Degree\Diploma
High School	_____	_____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	_____
College	_____	_____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	_____
Technical	_____	_____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	_____
Other	_____	_____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	_____

### **WORK HISTORY:** Summarize your work experience below, starting with the most recent employer.

Name\Address of Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Describe the work you did: \_\_\_\_\_

Dates Worked (month\year)	Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
From _____ To _____	\$ _____	\$ _____	_____	_____

Name\Address of Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Describe the work you did: \_\_\_\_\_

Dates Worked (month\year)	Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
From _____ To _____	\$ _____	\$ _____	_____	_____

Name\Address of Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Describe the work you did: \_\_\_\_\_

Dates Worked (month\year)      Starting Salary      Last Salary      Reason for Leaving      Name of Supervisor  
From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_

Name\Address of Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Describe the work you did: \_\_\_\_\_

Dates Worked (month\year)      Starting Salary      Last Salary      Reason for Leaving      Name of Supervisor  
From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_

**SKILLS:**

List machines (type and model) you can operate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List computer programs you have experience with and competence in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LICENSES AND CERTIFICATIONS:**

Type \_\_\_\_\_ Issued By \_\_\_\_\_ Date \_\_\_\_\_ Number \_\_\_\_\_

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Type \_\_\_\_\_ Issued By \_\_\_\_\_ Date \_\_\_\_\_ Number \_\_\_\_\_

**PERSONAL REFERENCES:** List three other than former employers or relatives.

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone Number \_\_\_\_\_

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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 also recognize that I could be offered employment subject to an appropriate medical examination and that such a report could nullify my ultimate employment at this Cooperative.

I certify that the information I have provided is true and complete. I authorize my former employers, schools, and law enforcement authorities, and personal references to provide any information they may have regarding me. I hereby release them from all liability for divulging the same. I understand that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time during my employment, and I agree to hold the Cooperative harmless in the event of such termination of my employment.

If employment is obtained under this application, I will comply with all rules and policies of the Cooperative. I agree to be responsible for Cooperative property and equipment issued me by the Cooperative until returned by me and to pay for property and equipment not returned. I agree to submit to physical examination if required. I UNDERSTAND THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, AND THAT IF HIRED, I WOULD BE AN EMPLOYEE AT WILL, AND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COOPERATIVE OR ME.

I UNDERSTAND THAT NO COOPERATIVE EMPLOYEE, OR SUPERVISOR, OTHER THAN THE GENERAL MANAGER OR THE COOPERATIVE, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's Name (please print legibly): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

