

**Farmers Electric Cooperative, Inc.**

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Greenfield, Iowa 50849-0330  
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# Employment Application

## Notice to Any Person Seeking Employment with FEC

- Those applicants requiring reasonable accommodations to the applications and/or interview process should notify a representative of the Human Resources Department.
- Your application will be considered only for the position for which you apply, therefore:
  - You must complete another application each time you wish to apply for another available position.
  - You must complete the entire application even if you have attached/submitted a resume.
  - You must sign and date on the back of the application.
- After the time period for accepting applications closes, all applications will be reviewed. You will be contacted via letter or phone regarding the outcome of the evaluations.
- Unsolicited applications and resumes are kept on file for 60 days.

EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of Farmers Electric Cooperative, Inc. (FEC) to be an Equal Opportunity Employer. The Cooperative affords employment to those qualified persons without regard to race, color, religion, age, sex, national origin, sexual orientation, creed, disability, marital status or status with regard to public assistance.

We have directed all managers and supervisors to emphasize this attitude in recruiting, hiring, and promoting persons in all job classifications. A fair and unbiased opportunity to advance within FEC is offered to all qualified persons.

NOTICE TO HANDICAPPED/DISABLED APPLICANTS

FEC will not discriminate against any applicant for employment because of physical or mental disability in regard to any position for which an applicant is qualified. The Cooperative agrees to employ, advance in employment, and otherwise treat qualified individuals with disabilities without discrimination based upon their physical or mental disability in all employment practices.

NOTICE TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA

It is the Cooperative's policy to provide employment and advance in employment qualified disabled veterans and veterans of the Vietnam Era at all levels and segments of the organization. The Cooperative adheres to and is subject to 38 USC 4212 of the Vietnam Era Veterans Readjustment Act of 1974.

EMPLOYMENT OF RELATIVES

In order to control potential conflict of interest, the Cooperative will not hire any relative of a Director or employee to fill a regular full-time position. A close relative is defined as spouse, child (including step or in-law), grandchild, parent, grandparent, brother (including step, in-law, or half) or sister (including step, in-law, or half).

PRE-EMPLOYMENT EXAMINATIONS

To ensure the continued health and safety of all employees and members of FEC, all applicants who have been given an offer for employment must complete a physical examination and test for illegal drugs. Employment is contingent upon satisfactory completion of a physical examination and a negative drug test. The examination and testing are conducted by a LREC designated physician at no cost to the applicant. The physical examination will ensure the applicant can perform the essential physical requirements of the position.

EMPLOYMENT ELIGIBILITY

Within three (3) days of starting employment with FEC, an employee must complete an Eligibility of Employment Form (Form I-9). The purpose of the form is to ensure all employees are eligible to work in the United States.

|                            |                                    |
|----------------------------|------------------------------------|
| Position applied for _____ | Date of application ____/____/____ |
| Name _____                 |                                    |
| LAST                       | FIRST                              |
|                            | MIDDLE                             |

## Personal

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
STREET

\_\_\_\_\_ E-mail address \_\_\_\_\_  
CITY STATE ZIP CODE

Preferred Phone # (\_\_\_\_\_) \_\_\_\_\_ Other Phone # (\_\_\_\_\_) \_\_\_\_\_

If necessary, best time to call you at home is AM \_\_\_\_:\_\_\_\_ PM

May we contact you at work?  Yes  No

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

Are you over 18 years of age?  Yes  No

List positions previously applied for \_\_\_\_\_  None

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

Have you ever been convicted of a crime?  Yes  No

Answering "yes" to this question 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.

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

## Work Preference

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired  Full-time  Part-time  Temporary  Seasonal

Will you travel if job requires it?  Yes  No

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

Will you work overtime (more than 40 hours in a week)? Yes No

## Education

| High School<br>City/State  | Check grade completed |   |                 |   | Did you graduate?                                   |    |
|--|-----------------------|---|-----------------|---|---|----|
|  | 1                     | 2 | 3               | 4 | Yes   | No |
| College/Technical School/Other<br>City/State                                 | # of Years            |   | Course of Study |   | Degree, diploma, certificate and<br>honors received |    |
|  |                       |   |                 |   |   |    |
|  |                       |   |                 |   |   |    |
| Other job-related educational institutions,<br>licenses, certifications, etc |                       |   |                 |   |   |    |

# Employment History

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

|  |                                 |                            |     |  |
|--|---------------------------------|----------------------------|-----|--|
| <b>EMPLOYER</b>  | <b>TELEPHONE #</b><br>(       ) | <b>DATES EMPLOYED</b>      |     | <b>SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b> |
|  |                                 | FROM                       | TO  |  |
| <b>ADDRESS</b>   |                                 |                            |     |  |
| <b>STARTING JOB TITLE/FINAL JOB TITLE</b>  |                                 | <b>HOURLY RATES/SALARY</b> |     |  |
|  |                                 | STARTING                   |     |  |
| <b>IMMEDIATE SUPERVISOR AND TITLE</b>  |                                 | \$                         | PER |  |
| <b>REASON FOR LEAVING</b>  |                                 | <b>HOURLY RATES/SALARY</b> |     |  |
|  |                                 | FINAL                      |     |  |
| <b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER |                                 | \$                         | PER |  |
| <b>EMPLOYER</b>  | <b>TELEPHONE #</b><br>(       ) | <b>DATES EMPLOYED</b>      |     | <b>SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b> |
|  |                                 | FROM                       | TO  |  |
| <b>ADDRESS</b>   |                                 |                            |     |  |
| <b>STARTING JOB TITLE/FINAL JOB TITLE</b>  |                                 | <b>HOURLY RATES/SALARY</b> |     |  |
|  |                                 | STARTING                   |     |  |
| <b>IMMEDIATE SUPERVISOR AND TITLE</b>  |                                 | \$                         | PER |  |
| <b>REASON FOR LEAVING</b>  |                                 | <b>HOURLY RATES/SALARY</b> |     |  |
|  |                                 | FINAL                      |     |  |
| <b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER |                                 | \$                         | PER |  |
| <b>EMPLOYER</b>  | <b>TELEPHONE #</b><br>(       ) | <b>DATES EMPLOYED</b>      |     | <b>SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b> |
|  |                                 | FROM                       | TO  |  |
| <b>ADDRESS</b>   |                                 |                            |     |  |
| <b>STARTING JOB TITLE/FINAL JOB TITLE</b>  |                                 | <b>HOURLY RATES/SALARY</b> |     |  |
|  |                                 | STARTING                   |     |  |
| <b>IMMEDIATE SUPERVISOR AND TITLE</b>  |                                 | \$                         | PER |  |
| <b>REASON FOR LEAVING</b>  |                                 | <b>HOURLY RATES/SALARY</b> |     |  |
|  |                                 | FINAL                      |     |  |
| <b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER |                                 | \$                         | PER |  |
| <b>EMPLOYER</b>  | <b>TELEPHONE #</b><br>(       ) | <b>DATES EMPLOYED</b>      |     | <b>SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b> |
|  |                                 | FROM                       | TO  |  |
| <b>ADDRESS</b>   |                                 |                            |     |  |
| <b>STARTING JOB TITLE/FINAL JOB TITLE</b>  |                                 | <b>HOURLY RATES/SALARY</b> |     |  |
|  |                                 | STARTING                   |     |  |
| <b>IMMEDIATE SUPERVISOR AND TITLE</b>  |                                 | \$                         | PER |  |
| <b>REASON FOR LEAVING</b>  |                                 | <b>HOURLY RATES/SALARY</b> |     |  |
|  |                                 | FINAL                      |     |  |
| <b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER |                                 | \$                         | PER |  |

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Skills and Qualifications

SUMMARIZE ANY SPECIAL TRAINING, SKILLS, LICENSES AND/OR CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING FOR.

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## 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 |
|------|-----------|-----------------------|
|      | ( )       |                       |
|      | ( )       |                       |
|      | ( )       |                       |

## Applicant Statement

I certify that all the information I have provided in order to apply for and secure employment with the FEC 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 FEC, when it is discovered.

I understand I am required to submit to a post-offer, pre-hire physical examination in order for FEC to determine my physical ability to perform the job.

I understand my employment is contingent upon the results of a drug screen for illegal drugs. A confirmed positive screen will result in my disqualification from employment.

I authorize and consent to my references, employers and/or employer representatives, public agencies, licensing authorities, and educational institutions and persons or organizations named in this application and/or accompanying resume to release any information to FEC that may be required to make an employment decision.

I understand this application remains current for 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application. A new application must be completed for each job I wish to be considered for.

I understand my employment is not guaranteed for any term, and my employment may be terminated by FEC or myself at any time and for any reason. No manager, supervisor or representative of FEC is authorized to make an oral or written assurance or promise of continued employment.

Do not sign 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

## For Administrative Use Only

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Position(s) applied for     Available                       Not Available

Hired                       Yes    No

Position hired for \_\_\_\_\_ Date of hire    /   /

From the EEO job classifications listed below, which one best describes the position filled?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers               | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals          | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled)      |
| <input type="checkbox"/> Technicians            | <input type="checkbox"/> Craft Workers (skilled)     | <input type="checkbox"/> Service Workers           |

Notes \_\_\_\_\_

Completed by \_\_\_\_\_ Date    /   /