## CENTRAL POWER

Electric Cooperative, Inc. 525 20th Avenue SW Minot, ND 58701

"An Equal Opportunity Employer"



Phone: (701) 852-4407

Fax: Headquarters Building (701) 852-4401 Fax: Oper. & Engineering (701) 852-4402

EMPLOYMENT APPLICATION						
Date of Application	Position Applied For	Type of Employment  Full Time  Part Time	Summer Temporary			
Last Name		First Name	Middle Name			
Address Number	Street	City	State Zip Code			
Telephone Number (s)		Social Security Number (voluntary)				
Are You At Least 18 Years of Age? Will You Accept Temporary Work? By Whom were You Referred YES NO YES NO						
Are You Employed Now?  If Yes, May we Inquire of Your Present Employer?  YES NO YES NO						
Are You A U.S. Citizen? If Not, Do You Have A Working Visa? Best Time to Contact You At Home Is:  YES NO SHOP						
Are You Related to an Officer, Board Member, or Employee of this Organization? YES NO If Yes, Explain:						
Because of the critical nature of the work performed at Central Power and the company's concern for the quality of our products, the health and safety of our employees, and the well being of those who will ultimately use our products, it is the policy of Central Power to not hire persons who use illegal drugs. For this reason the company's pre-employment, post-offer medical examination includes a test for the presence of illegal substances, the successful completion of which is a condition of employment. Are you willing to take a physical examination as arranged for by Central Power upon receiving bonafide job offer?						
When completing this section, do not disclose information regarding convictions that have been judicially sealed, expunged or impounded. Do not disclose information regarding juvenile court convictions or minor traffic violations. A conviction record does not automatically bar you from employment.  In the last 7 years, have you been convicted of, pled guilty or no contest to, been imprisoned, or on probation or parole for any felony or misdemeanor?   YES   NO						
Do you currently have charges pending?  Are you currently on probation?  YES NO YES NO						
If you answered yes to any of the questions above, please explain completely:						

GRAMMAR  HIGH SCHOOL  SUSINESS SCHOOL  OTHER  Describe any specialized training, apprenticeship, skills and extra-curricular activities  Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.  Specialized Skills (Check Skills/Equipment Operated)  Terminal Spreadsheet WPM WPM Other Qualifications acquired from employment or other experience.	EDUCATION				
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Terminal Spreadsheet Production/Mobile Machinery (list)  PC/MAC Word Processing  Typewriter Shorthand  Other (list)					
Machinery (list)  PC/MAC Word Processing  Typewriter Shorthand	Specialized Skills (Che	ck Skills/Equipment Operat	ed)		
PC/MAC Word Processing Typewriter Shorthand	Terminal	Spreadsheet		Other (list)	
	PC/MAC	Word Processing			

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates	Employed	Work Performed
Address				
Telephone Number(s)		Hourly Starting	Rate/Salary	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates	Employed	Work Performed
Address				
Telephone Number(s)		Hourly Rat	te/Salary	
Job Title	Supervisor	Addition		
Reason for Leaving				
Employer		Dates	Employed To	Work Performed
Address				
Telephone Number(s)		Hourly Starting	Rate/Salary	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates	Employed To	Work Performed
Address				
Telephone Number(s)		Hourly Starting	Rate/Salary	
Job Title	Supervisor			
Reason for Leaving	d			
		CONTRACTOR OF THE PERSON NAMED IN CO.		
REMARKS (Please a	dd any statements w	hich you feel may	help to clarify	answers to any of the questions in this application. Also, ation of your application.
you may add anything	nere which you ree	i might lavorably a	inect considerat	and of your approximon.
			productive reprintment	

PERSONAL REFERENCES (Do	not list relativ	es or former employ	ers.) PLEASE PRIN	₹T		
Name	Street	Town	State	Phone #	Years Known	Business or Occupation
			-			
Note to Applicants: DO NOT AMENTS OF THE JOB FOR WHI			SS YOU HAVE BE	EN INFORM	MED ABO	OUT THE REQUIRE-
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  YES  NO						
I certify that answers given herein are true and complete. I hereby authorize the Cooperative to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision.						
This application for employment shall be considered active for a period of one year. Any application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.						
I understand that misrepresentation or omission of material facts will be a cause for dismissal. I understand also, that I am required to abide by all rules and regulations of the employer.						
Signature of Applicant Date						
FOR OFFICE USE ONLY						
NOTES:	NOTES: NOTES:					
PERSONNEL DEPARTMENT						
Starting Employment Date En	nployed	Department	Salary		ı	Iourly
☐ Re	e-Employed	<sub>F</sub> amon	\$			Annually
Job Classification & Title	Department Head Supervisor				Supervisor	