

CHERRY-TODD ELECTRIC COOPERATIVE, INC
APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

NAME: _____
(Last Name) (First Name) (Middle Initial)

MAILING ADDRESS: _____
(Street) (City) (State) (Zip Code)

CONTACT PHONE NUMBER: _____ Social Security Number: _____

Position that you are applying for: _____ Expected Salary: _____

EMPLOYMENT EXPERIENCE:

1. Employer: _____ Dates Employed: from _____ to _____
Address: _____ Telephone: _____
Job Title: _____ Salary: Starting _____ Ending _____
Supervisor: _____
Duties or Responsibilities: _____

Reason for leaving: _____

2. Employer: _____ Dates Employed: from _____ to _____
Address: _____ Telephone: _____
Job Title: _____ Salary: Starting _____ Ending _____
Supervisor: _____
Duties or Responsibilities: _____

Reason for leaving: _____

3. Employer: _____ Dates Employed: from _____ to _____
Address: _____ Telephone: _____
Job Title: _____ Salary: Starting _____ Ending _____
Supervisor: _____
Duties or Responsibilities: _____

Reason for leaving: _____

4. Employer: _____ Dates Employed: from _____ to _____
 Address: _____ Telephone: _____
 Job Title: _____ Salary: Starting _____ Ending _____
 Supervisor: _____
 Duties or Responsibilities: _____

Reason for leaving: _____

5. Employer: _____ Dates Employed: from _____ to _____
 Address: _____ Telephone: _____
 Job Title: _____ Salary: Starting _____ Ending _____
 Supervisor: _____
 Duties or Responsibilities: _____

Reason for leaving: _____

IF YOU NEED ADDITIONAL SPACE, PLEASE USE A SEPARATE SHEET OF PAPER.

EDUCATION:

	Name of School	Location	Diploma/Degree	Major
High School				
Trade School				
College/University				
Graduate School				
Other				

Specialized Training, Apprenticeship, Extracurricular Activities: _____

Special Job-Related Skills and Qualification from Employment or other Experience: _____

Are you fluent in a foreign language? _____ if yes, what other language do you speak: _____

MILITARY:

Have you ever been an active service member: Yes _____ No _____

Branch: _____ Dates of Service: from _____ to _____ Type of Discharge: _____

Job-Related training: _____

PERSONAL:

Yes _____ No _____ If under 18 years of age, can you provide proof of eligibility to work?

Yes _____ No _____ Have you ever applied to Cherry Todd Electric before? If yes, when? _____

Yes _____ No _____ Have you ever been employed with Cherry Todd Electric before? If yes, when? _____

Yes _____ No _____ Do you have a relative or friend employed with Cherry Todd Electric? If yes, who? _____

Yes _____ No _____ May we contact your present employer?

Yes _____ No _____ Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes _____ No _____ Have you ever been convicted of a crime (other than a traffic violation)?
(Conviction will not necessarily disqualify you from employment). If yes, please explain.

Yes _____ No _____ If applying for a position that requires driving, do you have an appropriate license?

Yes _____ No _____ If applying for a position that requires driving, have you ever been ticketed for a moving traffic violation? If so, please explain.

REFERENCES:

Name: _____ Address: _____

Business: _____ Contact Phone Number: _____

Name: _____ Address: _____

Business: _____ Contact Phone Number: _____

Name: _____ Address: _____

Business: _____ Contact Phone Number: _____

I understand that employment will be for such time as Employer, in its judgment, needs and wishes to employ applicant. It is agreed, notwithstanding any other terms or condition of employment, that employment is at the will of the Employer, for an unspecified duration, and solely rest in the discretion of the Employer.

Please include a copy of a photo ID and a resume when submitting this application.

(Signature of Applicant)

(Date)

Please return completed application to:

Cherry Todd Electric
PO Box 169
625 W 2nd St
Mission SD 57555