

APPLICATION FOR EMPLOYMENT



TWIN VALLEYS
 PUBLIC POWER DISTRICT
 PO Box 160
 Cambridge, Nebraska 69022

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Phone ()
City, State Zip			Business Phone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month & Year _____ Location _____			Social Security Number
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Date you will be available to start
Position Desired			Pay Expected
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other special training or skill, machine operation, typing, shorthand, etc.			
Are you on a lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION

School	Name & Address of School	Course of Study	Check Last Year Completed				Did you graduate?	List Diploma or Degree
			9	10	11	12		
High School							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
							<input type="checkbox"/> Yes	
College							<input type="checkbox"/> No	
							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
							<input type="checkbox"/> Yes	

Employment

Please give accurate, complete full-time and part-time employment. Start with the present or most recent employer.
If you do not have two employment references, please fill out "Personal References".

1	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

5	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number (s) _____ Reason _____

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes No If yes, dates of service and Branch: _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? Yes No

If so, What? _____

Did you receive an Honorable Discharge? Yes No If no, please explain: _____

Rank at Discharge _____

PERSONAL REFERENCES

(Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

OTHER

Are you over 18 years of age? Yes No

If not, employment is subject to verification of minimum legal age.

Have you ever been bonded? Yes No

If yes, with which employers? (List numbers) _____

Have you ever been refused a bond? Yes No

If yes, please explain fully: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain fully: _____

State names of relatives and friends working for us. _____

SIGNATURE

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that I may be required to take a physical after an offer but prior to commencing employment.

I understand that my acceptance of any offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Date

Signature

FOR EMPLOYER'S USE ONLY

REFERENCE CHECK

Employer	Person Contacted	Results
1		
2		
3		
4		
5		

TEST RESULTS

Tests Administered	Raw Score	Rating	Analysis and Comments

Interview Results

Interviewer Name and Comments

SUPPLEMENT TO APPLICATION FOR EMPLOYMENT

DRIVING RECORD

Do you currently possess a valid driver's license? Yes No

If no, please explain fully: _____

State Issuing License _____ License Number _____

Has your driver's license ever been suspended or revoked? Yes No

If yes, please explain fully: _____

List all traffic and driving convictions received within the last three years:

SIGNATURE

I further acknowledge that the above information is true and correct; I further understand the FEDERATED RURAL ELECTRIC INSURANCE CORP. may do a motor vehicle records check on my driver's license.

Date

Signature