

# **Application For Employment**

### H-D ELECTRIC COOPERATIVE, INC.

Address:

P. O. Box 1007 18240 SD Hwy 15

Clear Lake SD 57226

Phone: 605-874-2171 Fax: 605-874-8173

E-mail: anniea@h-delectric.coop

H-D Electric is an equal opportunity employer. No information provided here will be used in an unlawful manner.

GENERAL INFORMATION:				
Position for which you are applying:				
Name: (last, first, middle initial)				
Present Address (street, city, state, zip):				
Social Security No:	Home Phone:	Business Phone:		
Are you under the age of 18?  Yes No				
D Electric Board of Directors?  Yes No		s: an employee of H-D Electric or a member of n(s) held by the person(s) to whom you are	the H-	
Do you have the legal right to work in the light provide any employment eligibility verificated Yes No		e required as a part of the application process t eral government.	Ю.	
Have you ever been employed by H-D Ele	ectric? If yes, provide date	es of employment.		

### **Employment History**

Begin with your current or most recent positio	n and work backwards; attach	additional p	pages if nece	ssary.		
Job Title			Dates: FromTo			
Employer		City/Sta	ate			
Supervisor's Name / Title						
Reason for Leaving	Starting Salary		Final Sal	ary		
Duties performed and knowledge or skills gain	ned from this experience:					
Job Title		Dates:	From	To		
Employer		City/Sta	ate			
Supervisor's Name / Title		Phone_				
Reason for Leaving	Starting Salary		Final Sal	ary		
Duties performed and knowledge or skills gain	ned from this experience:					
Job Title		Dates:	From	To		
				10		
Employer						
Supervisor's Name / Title						
	Starting Salary		Filiai Sai	ary		
Duties performed and knowledge or skills gain	ned from this experience:					
May we contact the employers listed prior to n	naking an offer of employment	to you?	Yes	No		
If no, indicate which employer(s) we should N		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	<u> </u>					
Other Vnervled	as Clailla on	1 A L	lition			
Other Knowled	ige, Skills, and	u Ab	mues			
Summarize any other knowledge, skills, or qu	alifications that may be relevar	nt to the po	sition.			

# **Education and Training**

Do you possess a high school diploma	a or GED?	Yes No	
EDUCATION			
Name and Address of Post-Secondary	y School:		
Number of Years Attended	Major	Mino	r
Did you graduate?	Yes No	Type of degree	
Include Transcripts Please			
Name and Address of Post-Secondary	y School:		
Number of Years Attended	Major	Min	or
Did you graduate?	Yes No	Type of degree	
Include Transcripts Please			
List all relevant licenses, certificat state). Also identify any other edu			
Are you attending school or taking	n courses now?	Yes No	
If yes, where?			
List scholastic honors:			
Do not list previous employers		ENCES only individuals familiar with	n your work ability.
NAME	ADDRESS	S AND PHONE	OCCUPATION

### **AUTHORIZATION**

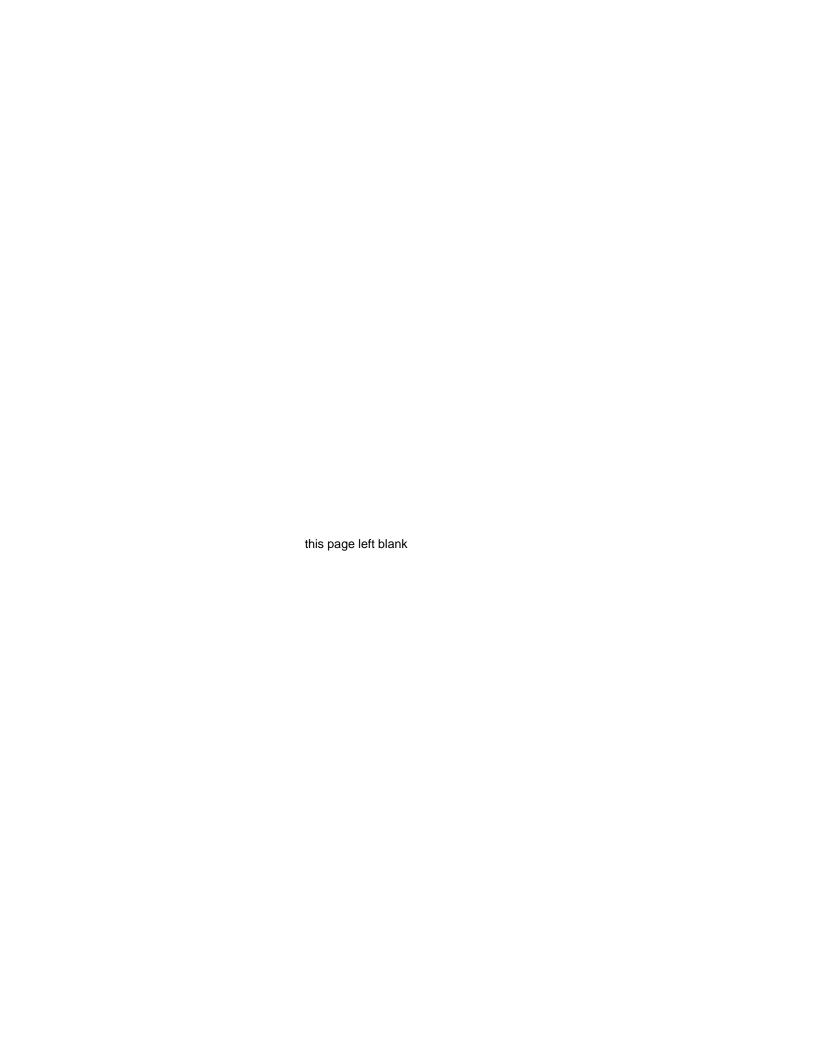
### Please read carefully and initial each paragraph before signing.

I certify that the facts contained in this application for e true and complete to the best of my knowledge. I underst deliberate omissions will result in my immediate dismissal Initial	and that any misrepresentations, falsifications, or
I authorize investigation of all statements herein. I also the organizations and individuals referred to herein to furn Cooperative shall be held harmless should it, in processin provided from these sources, even if the information provided Initial	nish information to the Cooperative. The ag this employment application, rely on information
Additionally, I understand that nothing contained in this interview or in any policies, procedures, or handbooks that employment contract between H-D Electric Cooperative, I employment have been made to me, and I understand that Cooperative. If an employment relationship is established employment at any time, for any reason or for no reason, right to the full extent permitted by law. Initial	at I might receive, is intended to create an inc., and myself. No promises regarding at no such promise or guarantee is binding upon the d, I understand that I have a right to terminate my
Although management makes every effort to accommon times make the following conditions mandatory: overtime Sunday. I understand and accept these as conditions of eInitial	or a work schedule that includes Saturday and
In the event that I am hired, I will abide by all of the Co and understand that these may be changed from time to tInitial	, , , , , , , , , , , , , , , , , , , ,
I understand that if offered employment by H-D Electric physical examination which will include urine testing. Uring metabolities of the following controlled substances: (1) matand (5) phencyclidine (PCP). Initial	nalysis will test for the presence of drugs and/or
Signature	Date

# RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY DRIVER / APPLICANT

### Complete this page if you are a commercial driver's license holder only.

	lice	nse hol	der onl	у		
Date:						
To be completed by dr	iver / applicant.					
During the past (2) years an employer to which yo	u applied for, but o	did not obtain,	safety-sensitiv	-		•
Department of Transport	tation (DOT) drug a	and alconol tes	sting rules?		YES	☐ NO
During the past (2) years an employer to which yo Department of Transport	u applied for, but o	did not obtain,	safety-sensitiv			
Department of Transpor	tation (DOT) drug	and alconories	sung rules :		YES	□ NO
If you answered yes to completion of the return-		stions above,	please provid	e documer	ntation of your s	uccessful
Dated this	day of					
Name of Driver						-
Signature of Driver						
Social Security Number			_Witness			



## EQUAL EMPLOYMENT OPPORTUNITY & AFFIRMATIVE ACTION STATISTICS

COMPLETION IS VOLUNTARY	
Position for which you are applying:	
Name:Date of Application:	
H-D Electric Cooperative, Inc. by virtue of its federal contracts, is subject to the equal employment opportunity and affirmative actional obligations of Executive Order 11246, as amended, and its implementing regulations which require the Cooperative to conduct statistical analyses using data on the race and sex of applicants for employment, to be included in its Affirmative Action Program f Minorities and Women. Additionally, the Cooperative is required to submit this information to the U.S. Department of Labor's Office Federal Contract Compliance Programs upon request.	or
Completion of this form is voluntary. Any information you provide will be used by the Cooperative only to comply with its equal employment opportunity and affirmative action obligations under the law. Neither the information provided nor the failure to provid such information will adversely affect your consideration for employment or subject you to any other adverse treatment. This form be maintained in a file separate from your application for employment and no one involved in the hiring process will have access to information.	e will
RACE / ETHNICITY:	
American Indian or Alaskan Native - a person having origins in any of the original peoples of North America (including Central America), and who maintains tribal affiliation or community attachment.	
<ol> <li>Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indi subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</li> </ol>	an
3. Black or African American - A person having origins in any of the Black racial groups of Africa.	
4. Hispanic or Latino (White race only) - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and the White race.	
5. Hispanic or Latino (all other races) - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, and of any race other than White.	can,
<ol> <li>Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Haw Guam, Samoa, or other Pacific Islands.</li> </ol>	aii,
7. WHITE (not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, Nort Africa, or the Middle East.	h
IDENTIFICATION OF SEX	
1. Male 2. Female	
REFERRAL SOURCE	
1. State Employment Office 2. Newspaper Ad (specify newspaper) 3. Friend/Relative 4. Social/Community Organization (specify) 5. Current H-D Electric Employee 6. Private Employment Agency 7. Other Publication (specify) 8. Self Referral: Walk-in, Write-in, Phone-in 9. Internet: HD Website Other (specify) 10. Other (specify)	
Signature Date	