

# GASCOSAGE ELECTRIC COOPERATIVE

PO Drawer G

Dixon, Missouri 65459

Telephone: 573-759-7146

Facsimile: 573-759-6020

www.gascosage.coop

## APPLICATION FOR EMPLOYMENT

Version 2017

Gascosage Electric Cooperative is an equal opportunity employer.

No information provided here will be used in an unlawful manner.

Please complete in your own handwriting. Answer each question. Read, initial and sign Applicant Authorization page.

POSITION APPLIED FOR: \_\_\_\_\_

### GENERAL INFORMATION

Name \_\_\_\_\_ Social Security \_\_\_\_\_  
Last First Middle Number

Mailing Address \_\_\_\_\_  
Street City State Zip

Telephone Number Home (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_ Other \_\_\_\_\_

Yes  No Are you 18 years of age or older?

Yes  No Are you related by blood or marriage to any of the following persons: an employee of Gascosage Electric Cooperative, a member of the Gascosage Electric Board of Directors, or the Manager of Gascosage Electric Cooperative?

If the answer is "yes", state the name(s), relationship(s), and the position(s) held by the person(s) to whom you are related.

\_\_\_\_\_  
\_\_\_\_\_

Yes  No Are you presently legally authorized to work in the U.S. on a full time basis? You will be required as a part of the application process to provide any employment eligibility verification mandated by the Federal Government.

Yes  No Are you willing to travel as part of this job?

Yes  No Have you ever been employed by Gascosage Electric? If yes, provide dates of employment. \_\_\_\_\_

Yes  No Have you ever been convicted of (or plea bargained to) a misdemeanor or felony? If yes, state nature, resolution and date of the case(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION / TRAINING HISTORY**

Do you have a high school diploma or a general education development (GED) certificate?  Yes  No

Name of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ GPA

List colleges, military, business, trade or other schools attended.

Institution Name and Location	Month and Year Attended	Credits Earned			Grade Point Average	Major / Minor	Type of Degree Awarded	Year Degree Received
		Quarter	Semester	Other (Specify)				
	From							
	To							
	From							
	To							
	From							
	To							
	From							
	To							

**LICENSE / REGISTRATION / CERTIFICATE**

List any required professional license, registration, certificate, Commercial Driver's License, etc.

Description	State	Number	Expiration

**SPECIALIZED SKILLS AND KNOWLEDGE**

List skills or knowledge that show your ability to perform the job for which you are applying.  
(typing speed, computer languages or software programs, foreign languages, etc.)

**Computer Skills** Hardware:  IBM/PC  MAC

Software:  Excel  Microsoft Word  InDesign  Other

Powerpoint  Access  Adobe Photoshop

**Office Skills**  10 Key Sight/Touch

**Accounting**  A/P  A/R  Payroll  General Ledger  Purchasing

**Other Special Skills** \_\_\_\_\_

**Foreign Language - Specify Fluency (Reading, Speaking and/or Writing)** \_\_\_\_\_

**Additional Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### MILITARY EXPERIENCE

Branch of Service _____	Rank/Rate _____
From _____ To _____	Type of Discharge _____
General Duties/Training _____	
Veteran _____	Disabled Veteran _____ Percent of Disability _____ %
Service Medals _____	

### REFERENCES

List 4 current references who are familiar with your work-related abilities and background. Do not list relatives.

<b>Name</b> _____	<b>Professional Relationship</b> _____
<b>Address</b> _____	
<i>Number and Street</i> _____	<i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____
<b>Telephone</b> _____	<b>E-Mail</b> _____
<b>Name</b> _____	<b>Professional Relationship</b> _____
<b>Address</b> _____	
<i>Number and Street</i> _____	<i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____
<b>Telephone</b> _____	<b>E-Mail</b> _____
<b>Name</b> _____	<b>Professional Relationship</b> _____
<b>Address</b> _____	
<i>Number and Street</i> _____	<i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____
<b>Telephone</b> _____	<b>E-Mail</b> _____
<b>Name</b> _____	<b>Professional Relationship</b> _____
<b>Address</b> _____	
<i>Number and Street</i> _____	<i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____
<b>Telephone</b> _____	<b>E-Mail</b> _____

### ACCOMMODATION INFORMATION

In support of the Americans with Disabilities Act, special arrangements may be made for certain duties of certain positions in order to accommodate a physical or mental impairment or disability. You are not required to disclose such information that you believe will not interfere with your capability to do the job. However, if you want the Cooperative to consider special arrangements to accommodate a physical or mental impairment during the selection process or concerning the position for which you have applied, you need to identify the disability and the requested accommodation below.

Disability or Handicap \_\_\_\_\_

Type of Accommodation Needed \_\_\_\_\_



**1**

Name of Employer		Employer's Address and Phone Number		
Type of Business		Supervisor's Name and Phone Number		
		Total Time in Position	Hrs Per Week	Rate of Pay
From (Month-Year)	To (Month-Year)	Reason for Leaving		

List Duties/Responsibilities/Accomplishments/Equipment Utilized

May we inquire of current employer?  Yes  No

**2**

Name of Employer		Employer's Address and Phone Number		
Type of Business		Supervisor's Name and Phone Number		
Job Title		Total Time in Position	Hrs Per Week	Rate of Pay
From (Month-Year)	To (Month-Year)	Reason for Leaving		

List Duties/Responsibilities/Accomplishments/Equipment Utilized

May we inquire of current employer?  Yes  No

**3**

Name of Employer		Employer's Address and Phone Number		
Type of Business		Supervisor's Name and Phone Number		
		Total Time in Position	Hrs Per Week	Rate of Pay
From (Month-Year)	To (Month-Year)	Reason for Leaving		

List Duties/Responsibilities/Accomplishments/Equipment Utilized

May we inquire of current employer?  Yes  No

**4**

Name of Employer		Employer's Address and Phone Number		
Type of Business		Supervisor's Name and Phone Number		
Job Title		Total Time in Position	Hrs Per Week	Rate of Pay
From (Month-Year)	To (Month-Year)	Reason for Leaving		

List Duties/Responsibilities/Accomplishments/Equipment Utilized

May we inquire of current employer?  Yes  No

**5**

Name of Employer		Employer's Address and Phone Number		
Type of Business		Supervisor's Name and Phone Number		
		Total Time in Position	Hrs Per Week	Rate of Pay
From (Month-Year)	To (Month-Year)	Reason for Leaving		

List Duties/Responsibilities/Accomplishments/Equipment Utilized

May we inquire of current employer?  Yes  No

**6**

Name of Employer		Employer's Address and Phone Number		
Type of Business		Supervisor's Name and Phone Number		
Job Title		Total Time in Position	Hrs Per Week	Rate of Pay
From (Month-Year)	To (Month-Year)	Reason for Leaving		

List Duties/Responsibilities/Accomplishments/Equipment Utilized

May we inquire of current employer?  Yes  No





**APPLICANT AUTHORIZATION**

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH, THEN SIGN AND DATE BELOW.**

I certify that the facts contained in this application and attached documentation for employment with Gascosage Electric Cooperative are true, correct, and complete to the best of my knowledge. I understand that any misrepresentations, falsifications, or deliberate omissions will result in my immediate dismissal.

\_\_\_\_\_ Initial

I authorize investigation of all statements herein. I also authorize by my signature below or a copy thereof, the organizations and individuals referred to herein to furnish information to the Cooperative. I also authorize the Cooperative to obtain any information pertaining to my juvenile or adult criminal justice, employment, medical, psychological background, credit records, military service and educational records. The Cooperative shall be held harmless should it, in processing this employment application, rely on information provided from these sources, even if the information provided is inaccurate or erroneous.

\_\_\_\_\_ Initial

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures or handbooks that I might receive, is intended to create an employment contract between Gascosage Electric Cooperative and me. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Cooperative. If an employment relationship is established, I understand that I have a right to terminate my employment at any time, for any reason or for no reason, and Gascosage Electric Cooperative retains a similar right.

\_\_\_\_\_ Initial

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, or a work schedule that includes Saturday and/or Sunday.

I understand and accept these as conditions of employment if hired.

\_\_\_\_\_ Initial

Gascosage Electric Cooperative is a drug-free and alcohol-free workplace.

I understand that random drug and alcohol screenings are performed, and agree to these conditions.

\_\_\_\_\_ Initial

In the event that I am hired, I will abide by all of the Cooperative's rules, regulations, policies and practices, and understand that these may be changed from time to time at the discretion of the Cooperative.

\_\_\_\_\_ Initial

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**AFFIRMATIVE ACTION**

**COMPLETION IS VOLUNTARY**

Gascosage Electric Cooperative is required to provide statistical reports to governmental agencies analyzing and monitoring Affirmative Action efforts. The information requested below will be used for the compilation of statistical reports and record keeping purposes, and no information provided will be used in an unlawful manner. The information will not be kept with the application or personnel file and will in no way affect the hiring decision.

**POSITION APPLIED FOR** \_\_\_\_\_

**PLEASE CHECK APPROPRIATE BOX FOR EACH CATEGORY**

**RACE/ETHNICITY**

- 1. BLACK (not of Hispanic origin) - All persons having origins in any of the black racial groups of Africa.
- 2. HISPANIC - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
- 3. ASIAN OR PACIFIC ISLANDER - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- 4. AMERICAN INDIAN or ALASKA NATIVE - All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. Please identify with which tribe you are affiliated. \_\_\_\_\_
- 5. WHITE (not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**SEX**

- 1. Male
- 2. Female

**DISABLED DATA**

- 1. DISABLED INDIVIDUAL - Person who (1) has a physical or mental impairment which substantially limits one or more major life activities, or (2) has a record of such impairment, or (3) is regarded as having such impairment.

**VETERAN DATA**

- 1. DISABLED VETERAN - Personal entitled to disability compensation under law administered by Veterans Administration for disability rated 30% or more OR person discharged/released from active duty for disability incurred or aggravated in line of duty.
- 2. VETERAN

**REFERRAL SOURCE**

How did you learn of this position?

- 1. State Employment Office
- 2. Newspaper Ad (specify newspaper) \_\_\_\_\_
- 3. Website \_\_\_\_\_
- 4. Friend/Relative
- 5. Social/Community Organization (specify) \_\_\_\_\_
- 6. Current Gascosage Employee
- 7. Private Employment Agency
- 8. Other Publication (specify) \_\_\_\_\_
- 9. Self Referral - Walk-In, Write-In, Phone-In
- 10. Other (specify)

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

HUMAN RESOURCES DEPARTMENT ONLY

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Positions considered for \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Meets minimum qualifications  Yes  No

Interviewed  Yes  No

Date \_\_\_\_\_

References confirmed?  Yes  No

Valid Driver's License?  Yes  No

CDL \_\_\_\_\_  
Operator's \_\_\_\_\_

Hired  Yes  No

Comments

\_\_\_\_\_  
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