

GASCOSAGE ELECTRIC COOPERATIVE

PO Drawer G

Dixon, Missouri 65459

Telephone: 573-759-7146

Facsimile: 573-759-6020

www.gascosage.coop

APPLICATION FOR EMPLOYMENT

Version 2022

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 _____
Last First Middle

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.

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

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		
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

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		
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
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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
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5

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

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 _____

Please save a copy of this filled out form and email it to humanresources@gascosage.coop

