



Employment Application

DUNCAN VALLEY ELECTRIC COOPERATIVE PLACES GREAT EMPHASES ON CUSTOMER SERVICE, TEAMWORK, PROBLEM SOLVING AND INNOVATION. WE LOOK FOR PEOPLE WHO EXEMPLIFY THESE QUALITIES AND ARE WILLING TO WORK HARD FOR OUR MEMBERSHIP.

Applicant Name: _____

Date: _____

DUNCAN VALLEY ELECTRIC COOPERATIVE is an equal opportunity employer that recruits, advertises, employs, promotes, transfers, disciplines, and discharges without regard to race, color, religion, national origin, age, sex, marital status, ancestry, physical or mental disability, or veteran status.

(Please Print Clearly in Ink)

Personal Information

Name _____
Last First Middle

Physical Address _____

City _____ ST _____ ZIP _____

Previous Address if less than 5 years at current _____

City _____ ST _____ ZIP _____

Home Phone _____ Cell Phone _____

Email _____

Are you eligible to work for any United States employer at this time? Yes No

Upon employment, proof of legal right to work in the United States and completion of IRS Form I-9 will be required.

Have you ever been convicted of a felony? Yes No If yes, explain _____

Driver's License Information:

License # _____ State _____ Issued _____ Expires _____

Class _____ Endorsements _____ Restrictions _____

Can you travel if the position requires travel? Yes No

If you have ever worked under or earned degrees under another name, please list below:

Position Desired

Position seeking _____ Date available to begin work _____

How did you learn of this position? _____

Are you able to perform the essential functions of this position? Yes No

If not, what accommodations would make it possible for you to perform this job? _____

Have you previously been employed by Duncan Valley Electric Cooperative? Yes No

If yes, indicate position and dates: _____

Do you have any relatives that are employed by or serve as directors of Duncan Valley Electric Cooperative?

Yes No If yes, who? _____

Employment History

(MUST BE COMPLETED EVEN IF ATTACHING A RESUME.)

List your previous work history with the most recent first. Account for all time during the last 10 years, including periods of unemployment.

May we contact your current employer? Yes No

Current/Previous Employer _____

Address _____ Phone _____

Supervisor's Name/Title _____ Your Job Title _____

Start (MM/YY) _____ Wage _____ End (MM/YY) _____ Wage _____

Your duties _____

Reason for Leaving _____

Previous Employer _____

Address _____ Phone _____

Supervisor's Name/Title _____ Your Job Title _____

Start (MM/YY) _____ Wage _____ End (MM/YY) _____ Wage _____

Your duties _____

Reason for Leaving _____

Previous Employer _____

Address _____ Phone _____

Supervisor's Name/Title _____ Your Job Title _____

Start (MM/YY) _____ Wage _____ End (MM/YY) _____ Wage _____

Your duties _____

Reason for Leaving _____

Previous Employer _____

Address _____ Phone _____

Supervisor's Name/Title _____ Your Job Title _____

Start (MM/YY) _____ Wage _____ End (MM/YY) _____ Wage _____

Your duties _____

Reason for Leaving _____

Employment History - continued

(MUST BE COMPLETED EVEN IF ATTACHING A RESUME.)

List your previous work history with the most recent first. Account for all time during the last 10 years, including periods of unemployment.

Previous Employer _____

Address _____ Phone _____

Supervisor's Name/Title _____ Your Job Title _____

Start (MM/YY) _____ Wage _____ End (MM/YY) _____ Wage _____

Your duties _____

Reason for Leaving _____

Previous Employer _____

Address _____ Phone _____

Supervisor's Name/Title _____ Your Job Title _____

Start (MM/YY) _____ Wage _____ End (MM/YY) _____ Wage _____

Your duties _____

Reason for Leaving _____

Previous Employer _____

Address _____ Phone _____

Supervisor's Name/Title _____ Your Job Title _____

Start (MM/YY) _____ Wage _____ End (MM/YY) _____ Wage _____

Your duties _____

Reason for Leaving _____

Previous Employer _____

Address _____ Phone _____

Supervisor's Name/Title _____ Your Job Title _____

Start (MM/YY) _____ Wage _____ End (MM/YY) _____ Wage _____

Your duties _____

Reason for Leaving _____

Education and Training

Indicate Last Level of Education Completed

High School 1 2 3 4 College/Univ. 1 2 3 4 Grad. School 1 2 3 4

Name of Institution	City, State	GPA	Major/Minor Relevant Coursework	Degree/Certification Earned

Occupational or professional certifications/licenses _____

Computer Skills (software, hardware, operating systems) _____

Equipment operator certifications/experiences _____

Other job related skills or experience _____

Professional References (Please list only references that we may contact at this time)

Name	Title	Company	Phone
			Work
			Other
			Work
			Other
			Work
			Other

Nonbinding Application and Interview Process

I understand that this application will be reviewed, but nothing in this application or any other documents in the employment evaluation process shall be construed as either an offer or contract of employment or an obligation on the part of Duncan Valley Electric Cooperative, Inc. (DVEC) to provide any benefit to me.

Employment at DVEC is terminable at will unless such employment is governed or affected by an expressed contract duly signed by an authorized officer of DVEC. Employee manuals, handouts or policy statements by DVEC which affect employment are subject to change at any time and shall not be treated as contractual documents.

I hereby declare that my statements on this application and on any other documents provided by me to DVEC, are true and correct to the best of my knowledge. I acknowledge and agree that providing any false information may result in a decision not to hire me, or if hired, may result in the termination of my employment. I also authorize investigation of these statements. This investigation may include employment history, reasons for leaving previous employers, criminal record, credit record, driving record, social security number investigation, and degree/certificate verification.

I hereby release DVEC from all liability for any damages resulting from the information obtained. This application shall be considered active for a period of time not to exceed 180 days.

I understand that as a condition of employment, I will be required to take such medical examinations as may be required by DVEC including an alcohol and drug screening test.

Applicants Signature _____ Date _____

