



Chippewa Valley Electric Cooperative

Application for Employment

Office Use Only

Personal Information

Name: First Middle Initial Last

Address: Street City State Zip Code

Telephone Number: Home Work (optional)

Position Applied For:

- Yes No
- Are you related by blood or marriage to any employee or member of the Board of Directors of Chippewa Valley Electric Cooperative? If yes, identify name and relationship:
- Are you over 18 years of age?
- Have you ever applied for employment here in the past?
If yes, When:
- Do you have a valid Driver's license for the position you are applying for?
(A valid license is job-related requirement of some positions at Chippewa Valley Electric Cooperative.)
- Are you able to legally work in the United States? (You will be required as part of the application process to provide any employment eligibility verification mandated by the Federal Government).

Education

	High School	Vocational/Technical	College/University	Graduate School
School Name and Address				
Years Attended				
Diploma/Degree	Yes No	Yes No	Yes No	Yes No
Major Course(s) of Study				
Other Post High School Courses				

Employment History

Instructions:

Please provide employment information below. Begin with your current or most recent employment

Employer Name & Address:

Telephone Number:

Job Title:

Description of Work You Did:

Work Dates	From Month/Year:	To Month/Year:	Salary	Starting Salary:	Ending Salary:
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Reason for Leaving:

Employer Name & Address:

Telephone Number:

Job Title:

Description of Work You Did:

Work Dates	From Month/Year:	To Month/Year:	Salary	Starting Salary:	Ending Salary:
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Reason for Leaving:

Employer Name & Address:

Telephone Number:

Job Title:

Description of Work You Did:

Work Dates	From Month/Year:	To Month/Year:	Salary	Starting Salary:	Ending Salary:
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Reason for Leaving:

May we contact the employers listed above? Yes No

If no, which employer(s) should we not contact:

Please add any additional information regarding your qualifications or education:

Applicant Authorization

To be read and signed by Applicant:

I hereby authorize the cooperative to investigate all statements contained in this application, I understand that misrepresentation or omissions of facts called for, is cause for dismissal.

I understand that a physical examination by the Cooperative's physician, which will include urine testing for drugs, is required before I can become a regular or temporary employee.

Signed:

Date: