

APPLICATION FOR EMPLOYMENT

Northern Plains Electric Cooperative (North)
609 4th Avenue, PO Box 608
Cando, North Dakota 58324-0608
(701) 968-3314

Northern Plains Electric Cooperative (South)
1515 West Main Avenue, PO Box 180
Carrington, North Dakota 58421-0180
(701) 652-3156

"An Equal Employment Opportunity Employer M/F/D/V"

GENERAL:

Name (Last, First, Middle Initial):

Social Security Number:

Present Address (Street, PO Box, City, State, Zip):

Telephone Number:

(_____) _____

Position Desired and Office/Outpost Location:

Starting Salary Required:

\$ _____ per _____

Are you interested in: Full-time Employment or Part-time Employment

If accepted, when can you start? _____

Are you related to a Northern Plains Electric Director or Employee? Yes No

What Relationship?

Give Names of Relative(s) employed by this Cooperative:

Are you at least 18 years of age? Yes No

The Cooperative will hire only U.S. citizens and aliens lawfully authorized to work in the United States.

Are you a U.S. Citizen? Yes No

If not a U.S. Citizen, are you lawfully authorized to work in the United States? Yes No

SKILLS:

Indicate your skills and abilities in the following areas (if applicable to the position in which you are applying):

Operation of Special Equipment (Word Processing, Computer, Line Equipment, etc.):

EMPLOYMENT: (List below all present and past employment, beginning with your most recent)

I. Company Name, Address and Phone Number:

Title and description of the work you did:

Type of Business:

Starting Salary:

Ending Salary:

\$ _____

\$ _____

May we contact this employer?

Yes

No

From (Month/Year):

To (Month/Year):

_____/_____

_____/_____

Name of Supervisor(s):

Reason for Leaving:

II. Company Name, Address and Phone Number:

Title and description of the work you did:

Type of Business:

Starting Salary:

Ending Salary:

\$ _____

\$ _____

May we contact this employer?

Yes

No

From (Month/Year):

To (Month/Year):

_____/_____

_____/_____

Name of Supervisor(s):

Reason for Leaving:

III. Company Name, Address and Phone Number:

Title and description of the work you did:

Type of Business:

Starting Salary:

Ending Salary:

\$ _____

\$ _____

May we contact this employer?

Yes

No

From (Month/Year):

To (Month/Year):

_____/_____

_____/_____

Name of Supervisor(s):

Reason for Leaving:

EDUCATION:

High School (Name and Address):

Years Completed:

Did You Graduate? Yes No

College (Name and Address):

Years Completed:

Did You Graduate? Yes No

Course of Study (Major/Minor):

List Diploma or Degree:

Other (Name and Address):

Years Completed:

Did you graduate? Yes No

Are you attending school or taking courses now? Yes No

Where? _____

SERVICE IN THE ARMED FORCES:

From (Month/Year):

To (Month/Year):

_____ / _____ _____ / _____

General Duties:

PERSONAL REFERENCES: (Do not refer to previous employers or relatives)

Name:

Address (Street, City, State, Zip):

Phone Number:

1. _____ _____ (_____) _____

2. _____ _____ (_____) _____

3. _____ _____ (_____) _____

REMARKS:

Please add any statements which you feel may help to clarify answers to any of the questions in this application. Also, you may add anything here which you feel might favorably affect consideration of your application -- including volunteer work.

Please Read Carefully

Northern Plains Electric Cooperative is an employment-at-will employer.

I certify that the facts contained in this application are true and complete. I understand that an investigation may be made of all statements contained in this application for employment. I further understand that falsified statements on this application shall be considered as sufficient cause for discharge.

I understand that any offer of employment made by Northern Plains Electric Cooperative is contingent upon the satisfactory results of a medical examination and a drug screen.

I agree to conform to the rules, regulations and policies of the Cooperative and acknowledge that these rules, regulations and policies and any other terms and conditions, including benefits, may be changed by the Cooperative at any time and without prior notice to me. I further acknowledge and agree that my employment may be terminated, with or without prior notice, at any time, at the will of the Cooperative or myself, with or without cause.

No representative or employee of the Cooperative, with the exception of the General Manager, has the authority to enter into any contract or agreement to the contrary, and then only if such commitment is in a written document signed by the General Manager and the employee.

I acknowledge that I have read and understand these terms.

Today's Date:

Applicant's Signature:

This application form will be maintained in the Cooperative's active file for three months only unless renewed.