



# INSTRUCTIONS

**Please read carefully before completing the application.**

East River Electric Power Cooperative is an Equal Opportunity Employer. Our objective is to maintain a continuing policy of non-discrimination in employment. You will be considered for employment based upon your qualifications for the position for which you have applied.

1. You must apply for a current available position. The job title must be placed in "Position Applied For" area on the application.
  
2. Your application will be considered only for the position for which you apply, therefore you must:
  - ➔ **Complete another application each time you wish to apply for another available position.**
  
  - ➔ **Complete the entire application even if you have attached a resume.**
  
  - ➔ **Include College/Vocational/Technical School Transcripts.**
  
3. Sign and date the Authorization page.

If you have special needs requests or any questions, please contact Human Resources at (605) 256-4536.



# Application For Employment

## ***EAST RIVER ELECTRIC POWER COOPERATIVE, INC.***

Address:  
P.O. Box 227, 121 SE 1st St.  
Madison, SD 57042

Phone: 605-256-4536  
Fax: 605-256-8154  
E-mail: hr@eastriver.coop

East River Electric is an equal opportunity employer. No information provided here will be used in an unlawful manner.

### **GENERAL INFORMATION:**

Position for which you are applying:

Last Name		First Name		Middle Initial
Mailing Address		City	State	Zip Code
Email Address		Home Phone	Cell Phone	

Best time to contact you at home: \_\_\_\_\_ May we contact you at work?  Yes  No

Are you under the age of 18?

Yes  No

Do you have a valid driver's license? (A valid driver's license is a job-related requirement of all positions at East River Electric.)

Yes  No

Are you related by blood or marriage to any of the following persons: an employee of East River, a member of the East River Board of Directors, or a Director or Manager of an East River Member System?

Yes  No

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

Do you have the legal right to work in the United States? You will be required as a part of the application process to provide any employment eligibility verification mandated by the Federal government.

Yes  No

Have you ever been employed by East River? If yes, provide dates of employment.

Have you ever been convicted of a felony?  Yes  No

If yes, list charge and disposition and your comments on the incident:

(Criminal convictions are not an absolute bar to employment and will be considered in relation to specific job requirements.)

# Employment History

Begin with your current or most recent position and work backwards; attach additional pages if necessary.

Employer Name and Address:	Job Title:	
	Describe the work you did:	
Phone Number:		
Type of Business:		
Starting Salary:	From: (month/year)	To: (month/year)
Ending Salary:	Reason for Leaving:	
Name of Supervisor:		
Supervisor's Phone Number:		

Employer Name and Address:	Job Title:	
	Describe the work you did:	
Phone Number:		
Type of Business:		
Starting Salary:	From: (month/year)	To: (month/year)
Ending Salary:	Reason for Leaving:	
Name of Supervisor:		
Supervisor's Phone Number:		

Employer Name and Address:	Job Title:	
	Describe the work you did:	
Phone Number:		
Type of Business:		
Starting Salary:	From: (month/year)	To: (month/year)
Ending Salary:	Reason for Leaving:	
Name of Supervisor:		
Supervisor's Phone Number:		

May we contact the employers listed prior to making an offer of employment to you?  Yes  No

If no, indicate which employer(s) we should **NOT** contact: \_\_\_\_\_

## Other Knowledge, Skills, and Abilities

Summarize any other knowledge, skills, or qualifications that may be relevant to the position.


# Education and Training

Do you possess a high school diploma or GED?

Yes  No

## EDUCATION

Name and Address of Post-Secondary School: \_\_\_\_\_

Number of Years Attended \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Did you graduate?  Yes  No Type of degree \_\_\_\_\_

Include Transcripts

Name and Address of Post-Secondary School: \_\_\_\_\_

Number of Years Attended \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Did you graduate?  Yes  No Type of degree \_\_\_\_\_

Include Transcripts

List all relevant licenses, certificates or registrations you possess (include expiration date, license number, and issuing state). Also identify any other educational experiences that may be relevant to the position for which you are applying.

Are you attending school or taking courses now?  Yes  No

If yes, where? \_\_\_\_\_

List scholastic honors:

## REFERENCES

Do not list previous employers or relatives. Include only individuals familiar with your work ability.

NAME	ADDRESS AND DAY TIME PHONE	OCCUPATION

# AUTHORIZATION

**Please read carefully and initial each paragraph before signing.**

I certify that the facts contained in this application for employment at East River Electric Power Cooperative, Inc., are true 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. 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 East River Electric Power Cooperative, Inc., and myself. 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 my employment is at-will. I understand that I have a right to terminate my employment at any time, for any reason or for no reason, and East River Electric Power Cooperative, Inc., retains a similar right to the full extent permitted by law.

\_\_\_\_\_ 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 Sunday. I understand and accept these as conditions of employment, if hired.

\_\_\_\_\_ 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

I understand that if offered employment by East River Electric Power Cooperative, Inc., I will be required to undergo a physical examination which will include drug screening.

\_\_\_\_\_ Initial

Signature

Date

# RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY DRIVER / APPLICANT

**Complete this page if you are a commercial driver's license holder only.**

Date: \_\_\_\_\_

***To be completed by driver / applicant.***

During the past (2) years, have you **tested positive** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES  NO

During the past (2) years, have you **refused to test** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES  NO

**If you answered yes to either of the questions above**, please provide documentation of your successful completion of the return-to-duty process.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Name of Driver \_\_\_\_\_

Signature of Driver \_\_\_\_\_

Social Security Number \_\_\_\_\_ Witness \_\_\_\_\_

# EQUAL EMPLOYMENT OPPORTUNITY & AFFIRMATIVE ACTION STATISTICS

**COMPLETION IS VOLUNTARY**

Position Applied for: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

The information below is required by state and federal regulations for statistical and affirmative action purposes and in no way influences employment prospects. This page is separated from your application immediately. The information is maintained confidentially. Your responses are voluntary.

## IDENTIFICATION OF SEX

Male

Female

## INDICATE THE APPROPRIATE RACE / ETHNIC GROUP

Are you Hispanic or Latino?

Yes

No

(A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.)

**If No, Check Only One:**

- White (Not Hispanic or Latino)**- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or more Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

## REFERRAL SOURCE

- State Career Center
- Newspaper Ad (specify newspaper) \_\_\_\_\_
- Other Publication (specify) \_\_\_\_\_
- School/College/University (specify) \_\_\_\_\_
- Internet: ER Website \_\_\_\_\_ Other (specify) \_\_\_\_\_
- Private Employment Agency
- Current East River Employee (specify) \_\_\_\_\_
- Social/Community Organization (specify) \_\_\_\_\_
- Self Referral: Walk-in, Write-in, Phone-in
- Other (specify) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_