



**APPLICATION FOR EMPLOYMENT**

"WE ARE AN EQUAL OPPORTUNITY EMPLOYER"

PERSONAL	
Name: _____ <span style="display: block; text-align: center; margin-left: 100px;">(Last)</span> <span style="display: block; text-align: center; margin-left: 250px;">(First)</span> <span style="display: block; text-align: center; margin-left: 350px;">(Middle)</span>	
Present Address: _____ <span style="display: block; text-align: center;">(Mailing Address, Street, City, State, Zip)</span>	
How long have you lived at present address? _____	Telephone No: _____ Alt. Telephone No: _____
Are you related to any current SCPPD employee or director? _____ If yes, state their name and relationship: _____	
Position applied for? _____	Are you willing to work if required for outages/emergencies: Over 40 hours per week? _____ Irregular shifts? _____ Nights? _____ Saturdays or Sundays? _____ Holidays? _____ Travel? _____
How did you learn about this position?	
Would you accept any other position? _____	
Are you willing to relocate? _____	
Date available for employment? _____	Do you have a current driver's license? _____
Work skills that you possess:	What kind? _____  Has your driver's license ever been revoked? _____  If yes, Why? _____
Are you able to perform the duties of the job for which you are applying with or without reasonable accommodation? Specific required job functions and duties are available upon request.	

**ELIGIBILITY FOR EMPLOYMENT**

If you are not a U.S. citizen, does your VISA or immigration status permit lawful employment?

\_\_\_\_\_

If employed, can proof of citizenship or alien registration number be provided?

\_\_\_\_\_

**EDUCATION**

Indicated Grade Completed by placing an X in front of the grade

High School: \_\_\_\_\_ 9 \_\_\_ 10 \_\_\_ 11 \_\_\_ 12      Graduated? \_\_\_\_\_

College: \_\_\_\_\_ 13 \_\_\_ 14 \_\_\_ 15 \_\_\_ 16

Major: \_\_\_\_\_ Degrees Received: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Other schools (Vocational, Military, etc.): \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Have you ever been employed at the Stanton County Public Power District?: \_\_\_\_\_ (Y/N)

If yes, Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

List current and previous employers: (List most current first, next most current, second, etc.)

May we contact your current employer? \_\_\_\_\_

Position: _____	Employer Name: _____
Supervisor: _____	Address: _____
Telephone Number: _____	Date Worked: From: _____
	To: _____

Position: _____	Employer Name: _____
Supervisor: _____	Address: _____
Telephone Number: _____	Date Worked: From: _____
	To: _____

Position: _____	Employer Name: _____
Supervisor: _____	Address: _____
Telephone Number: _____	Date Worked: From: _____
	To: _____

**MILITARY**

Military Service?  _____	If yes, From: _____  To: _____	Branch of Service  _____	MOS/Duties  _____
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**PROFESSIONAL/TECHNICAL ORGANIZATIONS & ACTIVITIES**

(Professional, civic, athletic, etc.):

**APPLICANT'S STATEMENT**

The facts set forth above are true and complete, I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior work record. I understand that employment is contingent upon this investigation and, if employed, false statements in this application shall be considered sufficient cause for dismissal. I hereby release Stanton County Public Power District from any liability for any statements made and/or documents released. I understand that the documents released may include a record of disciplinary action assessed by the company or previous employers. I understand that certain positions offered may require a pre-employment physical examination by a company designated physician and that this physical is a part of the employment process.

I further understand that as part of this physical examination, I will be required to submit to tests to determine the presence or use of alcohol, drugs or other controlled substances, and, if I refuse such tests, my application for employment will be rejected.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

