



Steele-Waseca Cooperative Electric

2411 West Bridge Street, PO Box 485

Owatonna MN 55060-0485

Your Touchstone Energy® Partner
The power of human connections

APPLICATION FOR EMPLOYMENT

Steele-Waseca Cooperative Electric, in accordance with state and federal laws, does not discriminate on the basis of race, color, creed, religion, sex, national origin, age, disability, veteran status, public assistance status, membership or activity in a local commission, marital status, or sexual orientation.

STEELE-WASECA COOPERATIVE ELECTRIC IS AN EQUAL OPPORTUNITY EMPLOYER.

PLEASE PRINT IN INK

| GENERAL | | | |
|--|--|---|--|
| Position Applied For | | Date of Application | |
| Last Name | First Name | MI | |
| Address | City | State | Zip |
| Telephone Number | Alternative Number | Email Address | |
| () - | () - | | |
| Are you eligible to work in the United States? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Are you over the age of 18? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| How did you hear about the opening? Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Email <input type="checkbox"/> Other: | | | |
| Are you a relative (by blood or marriage) of any Steele-Waseca Cooperative Electric employee or Director? (You do NOT have to disclose any information about being currently or previously married to a Steele-Waseca Cooperative Electric employee or Director.) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If yes, list names and relationships: | | | |
| Have you ever applied for a job with Steele-Waseca Cooperative Electric? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give dates: / / | | | |
| Have you ever worked for Steele-Waseca Cooperative Electric? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give dates: / / | | | |
| In what states do you possess a valid and current driver's license? | | | |
| State | License No. | CDL Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| In what states have you ever possessed a driver's license? | | | |
| State | License No. | | |
| Can you with or without reasonable accommodation perform the essential functions of the job for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If selected, when can you start? / / | | | |
| List any training or special skills you have that are relevant to the position for which you are applying: _____ _____ _____ | | | |
| Apart from absence for religious observation, are you available to work an 8 hour shift Monday through Friday? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Are you willing to work after hours call-out duty and on-call assignments? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Are you able to work overtime if asked? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Have you ever been convicted of, pleaded guilty to, or pleaded no contest to a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes, please give details, including jurisdiction (state and county) where such convictions occurred: _____ _____ | | | |
| <i>Criminal convictions are not an absolute bar to employment. They will only be considered in relation to specific job requirements.</i> | | | |

EDUCATION

High School (name and address)

| | |
|-----------------|--|
| Years Completed | Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|-----------------|--|

College or Vocational (name and address)

| | | |
|-----------------|--|----------------|
| Years Completed | Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> | Diploma/Degree |
|-----------------|--|----------------|

Graduate School (name and address)

| | | |
|-----------------|--|----------------|
| Years Completed | Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> | Diploma/Degree |
|-----------------|--|----------------|

Other education experience

Please list any scholastic honors:

Describe any specialized training, apprenticeships, licenses, noteworthy achievements, or skills:

EMPLOYMENT RECORD

| | |
|---------------------|--|
| 1. Name of Employer | Dates of employment (MO/YR) From / To / |
|---------------------|--|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

Job Title and Duties

| | | | |
|---------------------------|------------|----------------------------|--|
| Telephone Number () - | Supervisor | Pay Start: \$ Final: \$ | May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---------------------------|------------|----------------------------|--|

| | |
|---------------------|--|
| 2. Name of Employer | Dates of employment (MO/YR) From / To / |
|---------------------|--|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

Job Title and Duties

| | | | |
|---------------------------|------------|----------------------------|--|
| Telephone Number () - | Supervisor | Pay Start: \$ Final: \$ | May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---------------------------|------------|----------------------------|--|

| | |
|---------------------|--|
| 3. Name of Employer | Dates of employment (MO/YR) From / To / |
|---------------------|--|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

Job Title and Duties

| | | | |
|---------------------------|------------|----------------------------|--|
| Telephone Number () - | Supervisor | Pay Start: \$ Final: \$ | May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---------------------------|------------|----------------------------|--|

Attach additional sheets if necessary.

PERSONAL REFERENCES

Exclude relatives or former employers.

| | | | |
|---------|------------|----------------------|-----|
| 1. Name | Occupation | Telephone () | - |
| Address | City | State | Zip |
| 2. Name | Occupation | Telephone () | - |
| Address | City | State | Zip |
| 3. Name | Occupation | Telephone () | - |
| Address | City | State | Zip |

Please read carefully

I certify the facts contained in this application are true and complete. I understand that falsified statements on this application shall be considered cause for discharge.

I understand that any offer of employment made by Steele-Waseca Cooperative Electric is contingent upon the satisfactory results of a pre-employment medical physical and drug screen.

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

This application will be maintained in the Cooperative's active files for three months.

I acknowledge that I have read and understand these terms.

Signature of Applicant

Date