



A Touchstone Energy[®] Cooperative 

2810 Elida Drive, Grand Rapids, MN 55744

APPLICATION FOR EMPLOYMENT

This application will be considered only for the vacant position for which you are applying. To be considered for other vacant positions, a new application must be filed. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form.

Lake Country Power, in accordance with state and federal laws, does not discriminate on the basis of race, color, creed, religion, sex (including pregnancy), national origin, age, disability, veteran status, public assistance status, membership or activity in a local commission, marital status, or sexual orientation.

LAKE COUNTRY POWER 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"/> MN Workforce Center <input type="checkbox"/> Current Employee <input type="checkbox"/> Other:			
Are you a relative (by blood or marriage) of any Lake Country Power employee or Director? (You do NOT have to disclose any information about being currently or previously married to a Lake Country Power 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 Lake Country Power? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give dates: / /			
Have you ever worked for Lake Country Power? 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 this job? (See job description for 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 between the hours of 8 am to 4:30 pm, Monday through Friday? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, what hours can you work?			
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: _____ _____			

Criminal convictions are not an absolute bar to employment. They will only be considered in relation to specific job requirements.

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 (name and address)			
Years Completed	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>		Diploma/Degree
Other education experience			
<hr/> <hr/> <hr/>			
Please list any scholastic honors:			
<hr/> <hr/>			
Describe any specialized training, apprenticeships, licenses, noteworthy achievements, or skills:			
<hr/> <hr/> <hr/>			
EMPLOYMENT RECORD			
1. Name of employer		Dates of employment (MO/YR)	
Address		From / To /	State Zip
City		State Zip	
Job Title and Duties			
Telephone () -	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)	
Address		From / To /	State Zip
City		State Zip	
Job Title and Duties			
Telephone () -	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)	
Address		From / To /	State Zip
City		State Zip	
Job Title and Duties			
Telephone () -	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 that 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 Lake Country Power 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 or until the position is filled.

I understand that if I am hired into a job classification covered by a collective bargaining agreement (labor contract), and if there is any inconsistency between the terms of this application form and the labor contract, the terms of the labor contract shall prevail.

I acknowledge that I have read and understand these terms.

Signature of Applicant

Date