

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

Void after 90 days

All qualified applicants offered employment will be required to have a post offer-preemployment physical examination by a Cooperative designated physician, including testing for alcohol and illegal and unauthorized drugs. You must sign the Consent Release and Agreement in order to be considered for employment.

**BARRON ELECTRIC COOPERATIVE**  
**1434 State Hwy 25N**  
**PO Box 40**  
**Barron, Wisconsin 54812**

**APPLICATION FOR EMPLOYMENT**

This Cooperative is an Equal Opportunity Employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this Cooperative to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or handicap, or any other basis prohibited by Federal or State law. As an Equal Opportunity Employer, this Cooperative intends to comply fully with all Federal and State laws and the information requested on this application will not be used for any purpose prohibited by law.

**PLEASE PRINT**

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

\_\_\_\_\_  
Name (Last) (First) (Middle)

\_\_\_\_\_  
Address (Street) (Telephone No)

\_\_\_\_\_  
(City) (State/Zip Code) (Alternate No)

Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Birth (required for DOT safety sensitive positions) \_\_\_\_\_

Have you lived at the above address for three (3) years or more?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If "no", please provide all addresses for the three (3) years preceding the Date of this application. (Use a separate sheet if needed)

Previous address: \_\_\_\_\_

Are you a U.S. citizen or do you have an entry permit which allows you to work?  
Yes \_\_\_\_\_ No \_\_\_\_\_

How were you referred to the Cooperative? \_\_\_\_\_

Position for which you are applying? \_\_\_\_\_

Salary expected? \$ \_\_\_\_\_ per \_\_\_\_\_  
Other positions for which you would like to be considered:  
\_\_\_\_\_

Date available to start? \_\_\_\_\_

Can you work outside in all different weather? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you work shifts? Yes \_\_\_\_\_ No \_\_\_\_\_  
First Yes \_\_\_\_\_ No \_\_\_\_\_  
Second Yes \_\_\_\_\_ No \_\_\_\_\_  
Third Yes \_\_\_\_\_ No \_\_\_\_\_

Do you possess a valid Wisconsin drivers license? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested or convicted of an offense other than traffic?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

(A yes answer to this question does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.)

Have you ever been bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give details \_\_\_\_\_

Have you ever worked anywhere using a name other than the name you are using on this application? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state name you used and where you were employed \_\_\_\_\_

Is this applicant aware of anything that would prevent him or her from performing the essential functions of the position applying for with reasonable accommodations?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**EDUCATION**

NO. OF YEARS

SCHOOL NAME ADDRESS ATTENDING DEGREE MAJOR

High School \_\_\_\_\_

College \_\_\_\_\_

Graduate \_\_\_\_\_

Trade School \_\_\_\_\_

Courses now studying \_\_\_\_\_

Are you a licensed electrician? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, in what states? \_\_\_\_\_  
License No. \_\_\_\_\_

**MILITARY**

Did you serve in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch: \_\_\_\_\_

Dates of service: From \_\_\_\_\_ To \_\_\_\_\_

Skills acquired and duties performed in the military: \_\_\_\_\_  
\_\_\_\_\_

**CLERICAL AND SECRETARIAL APPLICANTS ONLY**

Do you have experience in:

- \_\_\_\_\_ Personal Computer
- \_\_\_\_\_ Phone Console
- \_\_\_\_\_ Proofreading
- \_\_\_\_\_ Calculator
- \_\_\_\_\_ Dictation Equipment
- \_\_\_\_\_ Typing

Software Programs: \_\_\_\_\_ Access \_\_\_\_\_ Excel \_\_\_\_\_ Outlook \_\_\_\_\_ Microsoft Word  
\_\_\_\_\_ Power Point \_\_\_\_\_ Adobe Acrobat

Other: \_\_\_\_\_

**EMPLOYMENT HISTORY (for the previous 3 years)**

If you are an applicant to drive a commercial motor vehicle in interstate or intrastate commerce (FMCSR - "Federal Motor Carrier Safety Regulations"), you must also provide an additional seven (7) years' information about all employers for which you operated such vehicles. (Use additional sheets if needed.)

Notice to applicants: Any verified work performed on a voluntary basis may be included in your employment history.

<u>Name/Address</u> (List most recent employer first)	<u>Dates Employed</u>	<u>Position</u>	<u>Wages</u>	<u>Reason for Leaving</u>
1. _____ _____	_____ to _____	_____	_____	_____
Applicant subject to FMCSR	___ Yes ___	No	Safety sensitive duties	___ Yes ___ No
Phone No. _____		Supervisor Name _____		
2. _____ _____	_____ to _____	_____	_____	_____
Applicant subject to FMCSR	___ Yes ___	No	Safety sensitive duties	___ Yes ___ No
Phone No. _____		Supervisor Name _____		
3. _____ _____	_____ to _____	_____	_____	_____
Applicant subject to FMCSR	___ Yes ___	No	Safety sensitive duties	___ Yes ___ No
Phone No. _____		Supervisor Name _____		
4. _____ _____	_____ to _____	_____	_____	_____
Applicant subject to FMCSR	___ Yes ___	No	Safety sensitive duties	___ Yes ___ No
Phone No. _____		Supervisor Name _____		
5. _____ _____	_____ to _____	_____	_____	_____
Applicant subject to FMCSR	___ Yes ___	No	Safety sensitive duties	___ Yes ___ No
Phone No. _____		Supervisor Name _____		

**WORK RELATED SKILLS AND EXPERIENCE**

Special training or skills (e.g. machines, foreign languages, etc.)

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**COMPLETE FOR POSITIONS THAT REQUIRE A CDL**

Please list all unexpired commercial vehicle operator's license(s) or permit(s) that you currently hold:

State	License Number	Type	Expiration Date
State	License Number	Type	Expiration Date

Has any license, permit or privilege to operate a motor vehicle held by you been denied, suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" , please provide detail, including dates:

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Please list all driving violations/motor vehicle accidents, including dates, in which you were involved, for the past 10 years (use extra sheet if needed). A list of violations does not constitute an automatic bar to employment and will be considered only as it relates to the job in question:

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Please describe all experience you have operating motor vehicles:

Class/type of equipment	Dates of operation
Class/type of equipment	Dates of operation
Class/type of equipment	Dates of operation

**REFERENCES :**

List three professional references who are not related to you.

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Association to you \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Association to you \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Association to you \_\_\_\_\_  
Address \_\_\_\_\_

**I HEREBY CERTIFY** that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, and any other sources of information which may be relevant to my application for employment including, but not limited to, my agreement to produce verification of prior earnings. I hereby release them and their organizations from all liability for any damage whatsoever for issuing same. It is understood and agreed that any misrepresentation by me in this application will be sufficient reason for dismissal any time during my employment, without liability to this Cooperative. If employed, I agree to abide by all the work and safety rules of the Cooperative as set forth in the Cooperative's policy manual or other communications distributed by the Cooperative to its employees. I further understand that no representative of the Cooperative has the authority to enter into any agreement for employment for any specified period of time and that this Cooperative is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this Cooperative. I fully understand that if I am hired, I will be an employee terminable at the will of the employer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**BARRON ELECTRIC COOPERATIVE**

**APPLICANT'S CONSENT RELEASE AND AGREEMENT**

1. I hereby certify that all statements and facts set forth in my application are true and complete. I understand that any false statement, or concealment, or failure to answer any question fully and accurately, will be grounds for terminating my employment, if I am hired by Barron Electric Cooperative (hereinafter referred to as "the Cooperative").
2. It is my understanding that the Cooperative will make a thorough investigation of my employment history and may verify all data given in my application for employment, related papers, or oral interviews.
3. I authorize investigation of all statements and matters contained in my employment application which the Cooperative may deem relevant to my employment. The Cooperative will keep all such information confidential, except when such information is required to be released by law, order of court, or other authority. I authorize all former employers and educational institutions to release to the Cooperative all records pertaining to me.
4. I release the Cooperative, my past employers, and other persons having information concerning me from all claims or liabilities based on the inquiries or disclosure authorized by this Agreement.
5. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of the job offered, or in the future during my employment with the Cooperative. Further, if I am offered employment, I consent to take a medical examination by a qualified physician at the discretion of the Cooperative. I further understand and agree that any medical examination I may receive includes a blood and/or urine or other comparable test for substance abuse or chemical dependency.
6. If the substance abuse or chemical dependency test is confirmed as positive, the results will be reported to the Cooperative medical advisor. The medical advisor will only indicate to the Cooperative that the candidate did not successfully pass the physical exam. An exception will be considered for the use of legally prescribed medications taken under the directions of a physician.
7. I understand that if I decline to sign this consent and thereby decline to take the medical examination, the medical examination will not be completed, and the job offer may be withdrawn.
8. Although the Cooperative makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: rotating work schedule, overtime, or a temporary reduction in work schedule. I understand and accept these as conditions of my continuing employment.

9. If I become employed, I agree to comply with all Cooperative rules, regulations and policies and to read and understand all policies and policy revisions as set forth by the Cooperative, including a nonsmoking policy. I understand that failure to do so will subject me to disciplinary action up to and including termination of my employment. I also understand that such employment will occur at will and no contract for employment, express or implied is created.
  
10. Finally, in consideration of being reviewed for employment, I release the Cooperative, its subsidiaries and affiliates, assigns and agents, from any liability whatsoever incurred by them as a result of any negligence, mistakes, errors, or omissions that result in a test report that is inaccurate, untrue or faulty in any manner.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Applicant \_\_\_\_\_