





# Application for Employment

EDUCATION AND TRAINING – Indicate all schools that you have attended.								
	High School		Vocational/Technical		College/University		Graduate School	
School Name And Address								
Did you graduate?	Yes	No	Yes	No	Yes	No	Yes	No
Diploma/Degree And Year Graduated	[REDACTED]							
Major Course(s) Of Study	[REDACTED]							
Other Post High School Courses Completed or Courses Currently Attending								
Are you a licensed electrician?	Yes	No	If yes, in what states? _____ Please provide license number. _____					
<b>SERVICE IN THE ARMED FORCES</b>								
Did you serve in the military? Yes			No			Branch of Armed Forces:		
General Duties/Training/Special Skills:								
<b>SPECIALIZED TRAINING OR SKILLS</b>								
List below any certifications, special licenses, current typing speed, personal computer/tablet training, computer literacy, welding certification etc. that you possess that pertains to the position for which you are applying.								



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## EMPLOYMENT HISTORY – Please begin with your most recent employment

Employer Name and Address:	From: (Month/Year)	Job Title:
May we contact this employer?    Yes        No	To: (Month/Year)	Reason for Leaving:
Phone Number:	Starting Salary:	<p>If you are an applicant and drive a commercial motor vehicle in interstate or intrastate commerce (FMCSR – Federal Motor Carrier Safety Regulations), you must provide additional seven (7) years information about all employers for which you operated such vehicles. (Use additional sheets if needed)</p> <p>Applicant is subject to FMCSR?    Yes        No</p> <p>Safety Sensitive Duties?        Yes        No</p>
Type of Business:	Ending Salary:	
Name of Supervisor:	Describe your job duties:	
Supervisor's Phone Number:		
Employer Name and Address:	From: (Month/Year)	Job Title:
May we contact this employer?    Yes        No	To: (Month/Year)	Reason for Leaving:
Phone Number:	Starting Salary:	<p>If you are an applicant and drive a commercial motor vehicle in interstate or intrastate commerce (FMCSR – Federal Motor Carrier Safety Regulations), you must provide additional seven (7) years information about all employers for which you operated such vehicles. (Use additional sheets if needed)</p> <p>Applicant is subject to FMCSR?    Yes        No</p> <p>Safety Sensitive Duties?        Yes        No</p>
Type of Business:	Ending Salary:	
Name of Supervisor:	Describe your job duties:	
Supervisor's Phone Number:		
Employer Name and Address:	From: (Month/Year)	Job Title:
May we contact this employer?    Yes        No	To: (Month/Year)	Reason for Leaving:
Phone Number:	Starting Salary:	<p>If you are an applicant and drive a commercial motor vehicle in interstate or intrastate commerce (FMCSR – Federal Motor Carrier Safety Regulations), you must provide additional seven (7) years information about all employers for which you operated such vehicles. (Use additional sheets if needed)</p> <p>Applicant is subject to FMCSR?    Yes        No</p> <p>Safety Sensitive Duties?        Yes        No</p>
Type of Business:	Ending Salary:	
Name of Supervisor:	Describe your job duties:	
Supervisor's Phone Number:		

**Notice to applicants:** Please provide employment for the past three (3) years. Any verified work performed on a voluntary basis may be included in your employment history. Use additional sheets if necessary.



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## ADDITIONAL INFORMATION

Salary Expected:		Date available to start:	Other positions for which you would like to be considered:		
Yes	No	Can you work outside in all weather conditions?			
Yes	No	Are you able to work overtime?			
Yes	No	Are you able to work all shifts? (Please check all that apply)			
		First Shift	Second Shift	Third Shift	
Yes	No	Have you ever been bonded? If yes, please give details: _____			
Yes	No	Have you ever worked anywhere using a name other than the name you are using on this application? If yes, please provide the name you used and where you were employed: _____			
Yes	No	Is this applicant aware of anything that would prevent him/her from performing the essential functions of the position applying for with reasonable accommodations? If yes, please explain: _____			

## CRIMINAL CONVICTIONS DISCLOSURE

Have you ever had any traffic violations within the past 5 years? (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.)	Yes	If yes, please explain:
	No	
Have you ever been arrested or convicted of an offense other than traffic? (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.)	Yes	If yes, please explain:
	No	

## 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:	Expires: (Month/Year)
State:	License Number:	Type:	Expires: (Month/Year)

Yes	No	Has any license, permit or privilege to operate a motor vehicle held by you been denied, suspended or revoked? If yes, please provide detail, including dates: _____ _____
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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:

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## REFERENCES

Please provide three (3) professional references that are not related to you.

Name:	Phone Number:
Address:	Association to you:

Name:	Phone Number:
Address:	Association to you:

Name:	Phone Number:
Address:	Association to you:

*In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.*



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## APPLICANT'S CONSENT RELEASE AND AGREEMENT

Please read carefully and check each paragraph as it will be your agreement for consent.

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").

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.

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.

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.

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.

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.

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.

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.

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.

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.

Signature of Applicant:

Date: