

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.

Any material omissions on this application will be grounds for disqualification and/or termination from employment if discovered after an offer of employment has been accepted. (i.e. false degree information, criminal conviction, failure to disclose past employer)

All qualified applicants offered employment will be required to have a post offer pre-employment 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.

or

Instructions:

- 1. Answer all questions. Incomplete applications will not be considered.
- 2. Read and sign Page 6
- 3. Mail to: Barron Electric Cooperative

PO Box 40

Barron, WI 54812

Fax to: 715-637-1906

Email: barronec@barronelectric.com

Position Applying For:

GENERAL INFORMATION										
Last Name				First Name			Middle Name			
Mailing Address					City		State		Zip	
Home Phone Number Cell F				ell Phone Number (Optional) Work Phon					e Number (Optional)	
Yes	No	Are you under the age of 18?								
Yes	No	Are you a U.S. Citizen or do you have an entry permit which allows you to work? You will be required as a part of the application process to provide any employment eligibility verification mandated by the federal government.								
Yes	No	Do you have a valid driver's license? (A valid driver's license is a job-related requirement of some positions at the cooperative.)								
Yes	No	Have you ever been terminated from any employer due to misconduct?								
Yes	No	Are you related by blood or marriage to any of the following persons: an employee of Barron Electric Cooperative or a member of the Barron Electric Cooperative Board of Directors?								
		If yes, state the name(s), relationship(s), and position(s) held by the person(s) to whom you are related.								
Yes	No	Have you ever been employed by Barron Electric Cooperative? If yes, please provide dates of employment and previous position.								
How were you re	eferred to	Barron Electric Co	operative	e fo	r this position?					



EDUCATION AND TRAINING – Indicate all schools that you have attended.							
	High School	Vocationa	l/Technical	College	e/University	Gradua	te School
School Name And Address							
Did you graduate?	Yes No	Yes	No	Yes	No	Yes	No
Diploma/Degree And Year Graduated							
Major Course(s) Of Study							
Other Post High School Courses Completed or Courses Currently Attending							
Are you a licensed electrician?	Yes No		hat states? _vide license				
SERVICE IN THE ARMED FORCES							
Did you serve in the military? Yes No Branch of Armed Forces:							
General Duties/Training/Special Skills:							
SPECIALIZED TRAINING OR SKILLS							
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.							



EMPLOYMENT HISTORY – Please begin with your most recent employment								
Employer Name and Address:		From: (Month/Year)	Job Title:					
Manusa context this amplause? Yes		To: (Month/Year)	Reason for Leaving:					
May we contact this employer? Yes	No	To. (Month/Tear)	If you are an applicant and drive a commercial motor vehicle in					
Phone Number:		Starting Salary:	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)					
Type of Business:		Ending Salary:	Applicant is subject to FMCSR? Yes No Safety Sensitive Duties? Yes No					
Name of Supervisor:		Describe your job duties	,					
Supervisor's Phone Number:								
Employer Name and Address:		From: (Month/Year)	Job Title:					
		To: (Month/Year)	Reason for Leaving:					
May we contact this employer? Yes	No	,	If you are an applicant and drive a commercial motor vehicle in					
Phone Number:		Starting Salary:	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)					
Type of Business:		Ending Salary:	Applicant is subject to FMCSR? Yes No					
Name of Supervisor:		Describe your job duties	Safety Sensitive Duties? Yes No					
•								
Supervisor's Phone Number:								
Employer Name and Address:		From: (Month/Year)	Job Title:					
		To: (Month/Year)	Reason for Leaving:					
May we contact this employer? Yes	No		If you are an applicant and drive a commercial motor vehicle in					
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Type of Business:		Ending Salary:	Applicant is subject to FMCSR? Yes No					
Name of Supervisor:		Describe your job duties	Safety Sensitive Duties? Yes No					
Table of Oupor Visor.			-					
Supervisor's Phone Number:								
		1						

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.



ADDITIONAL INFORMATION								
Salary Expected:		Date available to start:			Other positions for whi	ch you would like to be considered:		
Yes	No	Can you wor	k outside in	all weather conditions?				
Yes	No	Are you able	Are you able to work overtime?					
Yes	No	Are you able	Are you able to work all shifts? (Please check all that apply)					
		First Shift	;	Second Sh	hift Third	Shift		
Yes	No	Have you even If yes, please						
Yes	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	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				If yes, please explain:				
considered only as it relates to the job in question.)								
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			Yes No	If yes, please explain:				
and will be considered only as it relates to the job in question.) 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:	Licen	se Number:		Туре:		Expires: (Month/Year)		
State:	Licen	se Number:		Туре:		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:								
Please describe all experience you have operating motor vehicles				s:				
Class/Type of Equipment:				Dates of Operation:				
Class/Type of Equipment:			Dates of Operation:					



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.



1434 State HWY 25 North
PO Box 40
Barron, WI 54812
715-537-3171 phone
715-637-1906 fax
barronec@barronelectric.com
www.barronelectric.com



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:
	JL	