

Sho-Me Power Electric Cooperative

Application For Employment

It is the policy of Sho-Me Power Electric Cooperative (SMP) to provide equal opportunity with regard to all terms and conditions of employment. No information provided will be used in an unlawful manner. Please *complete in your own handwriting and use ink*. Answer each question. Failure to answer all questions completely may result in your application being rejected. Read and sign page 3.

Position(s) Applied For _____ Date _____

General Information

Name _____
Last First Middle

Mailing Address _____
Number Street City County State Zip Code

Telephone: Home (_____) _____ Cell (_____) _____
Work (_____) _____ E-mail _____

Are you 18 or older? Yes No

Do you have reliable transportation? Yes No

Are you legally eligible to work in the United States? Yes No

If employed, you will be required to provide employment eligibility Verification mandated by the federal government. Sho-Me Power Cooperative is a participating employer in E-Verify.

List any previous dates of employment at SMP or enter "None".

List any relatives currently employed at SMP or enter "None".

SMP has a nepotism policy which may prohibit the employment of relatives under certain circumstances. If you have a relative currently employed at SMP, state the name(s), relationship(s) and location(s) of the person(s) to whom you are related in the space to the right.

What are your salary expectations?

Will you relocate if required? Yes No

Will you work overtime if required? Yes No

Employment History

Provide the employment information requested below, including experience in the U.S. Military Service. Begin with your present or most recent employment. If you are active in the job, leave the End Date blank.

Employer Name and Address: _____ _____ _____ Starting Salary: <i>Disclosure of Salary Information is Optional</i> \$ _____ / <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Ending Salary: \$ _____ / <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Name of Supervisor(s): _____ Supervisor(s) Title: _____ Phone Number: (____) _____	Job Title: _____ Describe the work you did: From: _____ / _____ To: _____ / _____ Month Year Month Year Reason for Leaving:
---	---

Employer Name and Address: _____ _____ _____ Starting Salary: <i>Disclosure of Salary Information is Optional</i> \$ _____ / <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Ending Salary: \$ _____ / <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Name of Supervisor(s): _____ Supervisor(s) Title: _____ Phone Number: (____) _____	Job Title: _____ Describe the work you did: From: _____ / _____ To: _____ / _____ Month Year Month Year Reason for Leaving:
---	---

Employer Name and Address: _____ _____ _____ Starting Salary: <i>Disclosure of Salary Information is Optional</i> \$ _____ / <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Ending Salary: \$ _____ / <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Name of Supervisor(s): _____ Supervisor(s) Title: _____ Phone Number: (____) _____	Job Title: _____ Describe the work you did: From: _____ / _____ To: _____ / _____ Month Year Month Year Reason for Leaving:
---	---

May we contact the employers listed above? Yes No

If no, indicate which employer(s) we should not contact: _____

Education and Training

Indicate all schools that you have attended. Completion of a formal education is a job-related requirement for some positions at SMP.

	High School	Vocational/Technical	College/University	Graduate School
School Name				
Expected Completion Date <small>*only enter if in progress</small>				
Diploma/Degree				
Major Course(s) of Study				
Grade Point Average (GPA)				

Applicant Authorization

Read Carefully Before Signing

I certify that the facts contained in this application and supporting documents for employment at SMP are true and complete to the best of my knowledge. I understand that any misrepresentations, falsifications, or deliberate omissions will result in my disqualification as an applicant or immediate dismissal from any ensuing employment. I authorize investigation of all statements herein.

I also authorize by my signature below or a copy thereof, the organizations and individuals referred to herein to furnish information to SMP. SMP shall be held harmless should it, in processing this employment application, rely on information provided from these sources, even if the information provided is inaccurate or erroneous. Additionally, I understand that nothing contained in this employment application and supporting documents or in the granting of an interview or in any policies, procedures or handbooks that I might receive, is intended to create an employment contract between SMP and myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon SMP. If an employment relationship is established, I understand that I have a right to terminate my employment at any time, for any reason or for no reason, and SMP retains a similar right regarding discontinuation of my employment subject only to the terms of a collective bargaining agreement, if one applies, and to the full extent permitted by law.

Signed _____

(Failure to sign may invalidate your application.)