



EMPLOYMENT APPLICATION

Indian Electric Cooperative, Inc.
P.O. Box 49
Cleveland, OK 74020
(918) 295-9500

Equal Opportunity Employer

This application must be completed in your own handwriting. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, qualified disability, or any other protected status.

You may attach a sheet if more space is needed for any of the questions.

PERSONAL

Last Name	First	Middle	Date of Application
Street Address			Home Phone ()
City	State	Zip	Business Phone ()
Social Security Number			Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-Mail Address			
Do you have a valid driver's license?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Type: _____ Class: _____			
Are you legally eligible for employment in the United States? <i>(Proof of U.S. citizenship or immigration status will be required upon employment)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a criminal offense? Nature: _____ Date: _____ Place: _____ <i>(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to any Indian Electric Cooperative Employee or Trustee?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Name: _____ Relationship: _____			
Do you have any commitments to any other employer or other organization that might affect your employment with us?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain: _____			
After having read the job description, can you perform the essential functions of the position?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			Date available for work:
Position applied for:			

EMPLOYMENT EXPERIENCE (Start with your present or last job)

Company Name (1)	Telephone ()
Address	Dates of Employment (Month & Year) From: To:
Name of Supervisor	Hourly Rate/Salary Starting: Final:
State job title and describe your work:	Reason for leaving:
Company Name (2)	Telephone ()
Address	Dates of Employment (Month & Year) From: To:
Name of Supervisor	Hourly Rate/Salary Starting: Final:
State job title and describe your work:	Reason for leaving:
Company Name (3)	Telephone ()
Address	Dates of Employment (Month & Year) From: To:
Name of Supervisor	Hourly Rate/Salary Starting: Final:
State job title and describe your work:	Reason for leaving:
Company Name (4)	Telephone ()
Address	Dates of Employment (Month & Year) From: To:
Name of Supervisor	Hourly Rate/Salary Starting: Final:
State job title and describe your work:	Reason for leaving:

EDUCATION

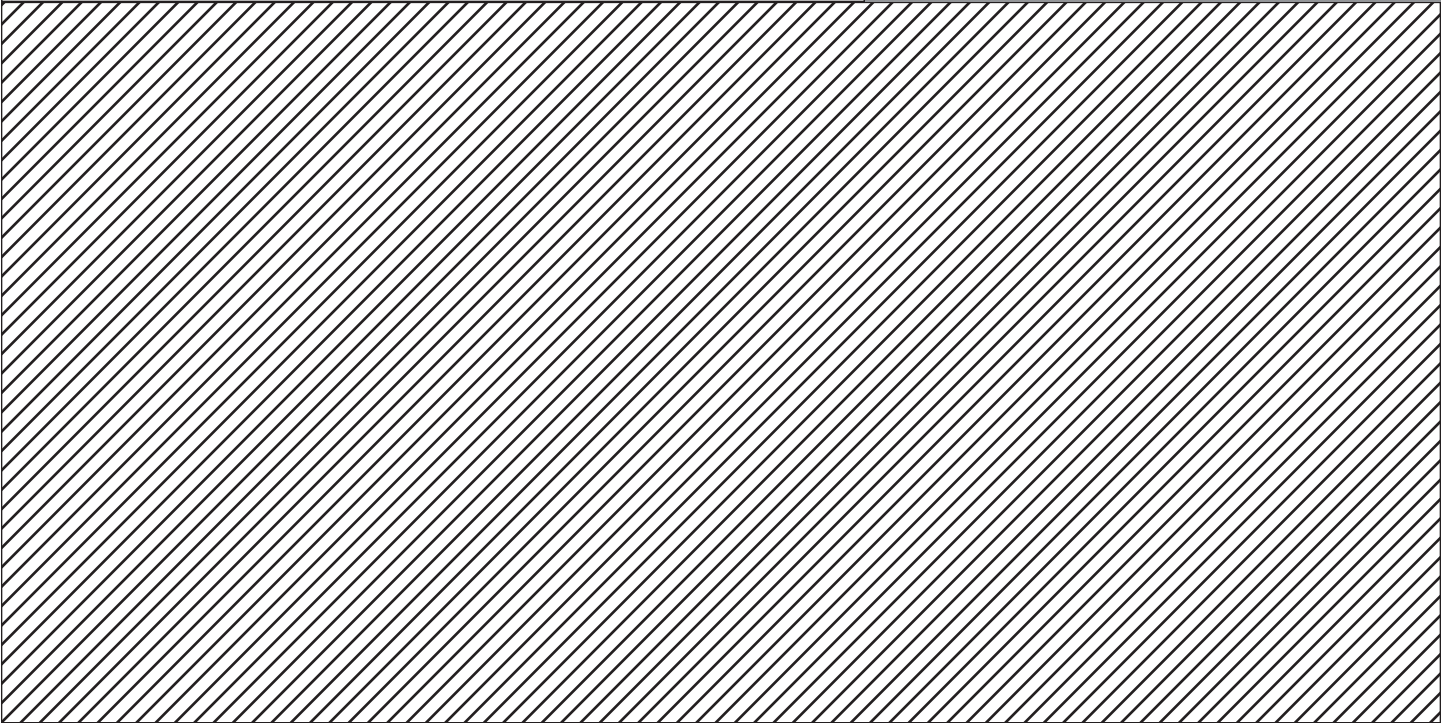
	School Name	City & State	Years Completed	Diploma or Degree Received	Course or Major Subject
High School					
College or University					
College or University					
Other (e.g. Business or Technical School)					
Other					

SKILLS

Summarize special skills and qualification acquired from employment or other experience:
If applicable to the position you are seeking, indicate any special licenses you hold:
If applicable to the position, list any professional or craft association to which you belong:
Please include any other information you think would be helpful to us in considering you for employment such as additional work experience, activities, accomplishments, etc. <i>(You may exclude all information indicative of race, color, religion, sex, national origin, age marital or veteran status, qualified disability, or any other protected status):</i>

PERSONAL/PROFESSIONAL REFERENCES *(do not include employers or relatives)*

Name (1)	Telephone ()
Address	Years Acquainted
Occupation	
Name (2)	Telephone ()
Address	Years Acquainted
Occupation	
Name (3)	Telephone ()
Address	Years Acquainted
Occupation	
Name (4)	Telephone ()
Address	Years Acquainted
Occupation	



Please read each of the following statements and place your initials by each one to indicate that you understand and agree to the terms stated, then sign this form at the bottom.

_____ I certify that I have provided information that, to the best of my knowledge, is truthful and accurate. I understand that deliberate falsifications or significant omissions will be grounds for denying or terminating employment with Indian Electric.

_____ I understand that nothing in this application creates an employment contract or relationship. Employees at Indian Electric Cooperative are employed at will. I also understand that if hired by Indian Electric, my employment can be terminated at any time, by myself or Indian Electric, for any ground with or without cause except for reasons prohibited by law.

_____ Indian Electric maintains a drug-free workplace. All applicants for this position must undergo a pre-employment drug screening at Indian Electric's expense. All applicants testing positive for illegal substances will be disqualified from consideration. Upon hire, employees will be expected to abide by the company's drug testing policy.

_____ To comply with the federal Immigration Reform and Control Act, Indian Electric requires all new hires to show proof of their eligibility to work in the United States. Failure to produce the required documents will cause Indian Electric to withdraw its job offer and terminate an individual's employment.

_____ Indian Electric is an equal opportunity employer. We recruit, hire, and promote employees without regard to race, color, religion, sex, age, national origin, citizenship, or disability. Individuals with disabilities who need assistance completing this application can contact the Human Resource department to arrange suitable accommodations.

_____ If hired by Indian Electric, I will carry out my job duties in an ethical manner and avoid any conflicts of interest. I understand that performing services for any competitor or disclosing confidential company information to people outside Indian Electric will be ground for terminating my employment with Indian Electric.

_____ All new hires for this position will be required to undergo a company-paid physical examination. All information from this examination will be kept confidential and disclosed only to supervisors, managers, and safety or rescue personnel who have a need to know. NO one will be disqualified from employment based on the results of this examination without Indian Electric first weighing possible accommodations and establishing the legality and business necessity of the physical requirement.

_____ I agree to allow Indian Electric to contact the people I have listed as references on this application. I also agree not to hold any references listed on this application liable for damages relating to any truthful information they provide regarding my qualification for employment at Indian Electric.

_____ I understand that if hired, I agree to assign to Indian Electric the rights and any inventions, original works, discoveries, ideas and improvements arising out of my employment with Indian Electric.

_____ I understand that the information I have supplied herein may be used by Indian Electric Cooperative to perform a background check. I hereby authorize Indian Electric Cooperative to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records. This releases Indian Electric Cooperative from any liability and responsibility for collecting the above information. The release shall remain in effect for the length of my employment. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

_____ I understand certain jobs are classified as "safety sensitive" as defined by the United States Department of Transportation drug, alcohol testing regulations, The Oklahoma Standards for Workplace Drug and Alcohol Testing Act and/or Oklahoma Medical Marijuana laws. As a "safety sensitive" classification, you will be subject to drug and alcohol testing, including random testing. Marijuana is one of the substances included in the drug panel screening. Possession of a medical marijuana license will not excuse you from the testing process, or the consequences of testing positive for marijuana. If you have questions about whether the position you are applying for is classified as "safety sensitive" please contact the HR Department.

This application has been read by me in its entirety

Signature

Date