

Freeborn Mower Electric Cooperative  
**APPLICATION FOR EMPLOYMENT**

**INSTRUCTIONS:**

1. Complete in your own handwriting, using black ink.
2. Answer all questions. Your application will not be considered if incomplete.
3. Read and sign Page 4.
4. Return to:  
Freeborn Mower Electric Cooperative | P.O. Box 611 | 3366 Bridge Ave. | Albert Lea MN 56007-0611

**Position Applied for:**

**GENERAL INFORMATION**

Last Name	First Name	Middle Name	
Mailing Address	City	State	Zip Code
Home Phone Number	Cell Phone Number (Optional)	Work Phone Number	

- Yes    No   Are you under the age of eighteen (18)?
- Yes    No   A valid driver's license is a job-related requirement for some positions at Freeborn Mower Electric Cooperative. Do you have a valid driver's license?
- Yes    No   A valid Commercial Driver's License is a job-related requirement for some positions at Freeborn Mower Electric Cooperative. Do you have a current Class A CDL?
- Yes    No   Are you related by blood or marriage to any of the following persons: an employee of Freeborn Mower Electric Cooperative or a member of the Freeborn Mower Electric Cooperative Board of Directors? If yes, provide the name(s), relationship(s), and position(s) held by the person(s) to whom you are related: \_\_\_\_\_
- \_\_\_\_\_
- Yes    No   Are you legally eligible for employment in the United States?
- Yes    No   Have you ever been employed by Freeborn Mower Electric Cooperative? If yes, provide dates of employment.
- \_\_\_\_\_
- Yes    No   Were you referred by a current Freeborn Mower Electric Cooperative employee for this position? If yes, provide the employee's name: \_\_\_\_\_
- \_\_\_\_\_

## EMPLOYMENT HISTORY

Provide the employment information requested below. Begin with your present or most recent employment. Use the **Other Information** section (page 3) to complete your employment history if necessary.

Employer Name and Address:	Job Title:	
	Describe the work you did:	
Phone Number:		
Type of Business:		
Name of Supervisor:	From: (month/year)	To: (month/year)
Supervisor's Phone Number:	Reason for Leaving:	

Employer Name and Address:	Job Title:	
	Describe the work you did:	
Phone Number:		
Type of Business:		
Name of Supervisor:	From: (month/year)	To: (month/year)
Supervisor's Phone Number:	Reason for Leaving:	

Employer Name and Address:	Job Title:	
	Describe the work you did:	
Phone Number:		
Type of Business:		
Name of Supervisor:	From: (month/year)	To: (month/year)
Supervisor's Phone Number:	Reason for Leaving:	
May we contact the employers listed above?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, indicate which employer(s) we should not contact:		

## EDUCATION AND TRAINING

Indicate all schools that you have attended.

	High School	Vocational/Technical	College/University	Graduate School
School Name and Address				
Circle Last Year Completed	9 10 11 12	13 14	13 14 15 16	17 18 19 20
Diploma/Degree and Year Graduated				
Major Course(s) of Study				
Other Post High School Courses Completed				

**SPECIALIZED TRAINING, SKILLS, AND CERTIFICATES/LICENSES:** List personal computer training, computer literacy, welding certification, special licenses (e.g., CDL), etc., that you possess that pertain to the position for which you are applying.

## SERVICE IN THE ARMED FORCES

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year Month Day Year

Branch of Armed Forces:

General Duties/Training:

**OTHER INFORMATION:** Please list any additional information that you believe would be relevant for us to know.

**APPLICANT AUTHORIZATION (Read carefully and initial each paragraph before signing.)**

\_\_\_\_\_ I certify that the facts contained in this application and/or resume for employment at Freeborn Mower Electric Cooperative are true and complete to the best of my knowledge. I understand that any misrepresentations, falsifications, and/or deliberate omissions identified now or in the future will result in my immediate dismissal.

\_\_\_\_\_ 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 the Cooperative. The Cooperative 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.

\_\_\_\_\_ I understand that I may be required to undergo a physical examination depending on the position for which I have applied.

\_\_\_\_\_ Additionally, I understand that nothing contained in this employment application 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 Freeborn Mower Electric Cooperative and myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Cooperative. If an employment relationship is established, I understand my employment is at-will. I understand that I have a right to terminate my employment at any time, for any reason, for no reason, and Freeborn Mower Electric Cooperative retains a similar right regarding the 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:**

Date:

*Freeborn Mower Electric Cooperative (FMEC) is an equal opportunity employer.  
No information provided here will be used in an unlawful manner.*



*Freeborn  
Mower  
Electric  
Cooperative*

**Freeborn Mower Electric Cooperative**  
**P.O. Box 611**  
**3366 Bridge Ave.**  
**Albert Lea MN 56007-0611**  
[www.fmec.coop](http://www.fmec.coop)