

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	Work Phone Number	

- ☐ Yes ☐ No Are you under the age of 18?
- ☐ Yes ☐ No Do you have a valid driver's license? (A valid driver's license is a job-related requirement of some positions at Freeborn Mower Electric Cooperative.)
- ☐ Yes ☐ No Do you have a Commercial Driver's License (CDL)? (A valid Commercial Driver's License is a job-related requirement of some positions at FMEC.)
- ☐ 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 the answer is "yes," state 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? You will be required as part of the application process to provide any employment eligibility verification mandated by the federal government.
- ☐ 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:		
	From: (month/year)	To: (month/year)
	Reason for Leaving:	
Name of Supervisor:		
Supervisor's Phone Number:		

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

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

May we contact the employers listed above? ☐ Yes ☐ No

If not, 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 OR SKILLS: List current typing speed, 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.

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SERVICE IN THE ARMED FORCES

From: / / <u>Month</u> <u>Day</u> <u>Year</u>	To: / / <u>Month</u> <u>Day</u> <u>Year</u>
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Branch of Armed Forces:

General Duties/Training:

OTHER INFORMATION

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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 as a part of being considered for employment by Freeborn Mower Electric Cooperative, I will be required to undergo a physical examination, which will include urine testing for drugs. (Certain positions also require testing for alcohol.)

_____ 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 Services (FMEC) is an equal opportunity employer.
No information provided here will be used in an unlawful manner.*



Freeborn Mower Electric Cooperative
P.O. Box 611 | 3366 Bridge Avenue
Albert Lea MN 56007-0611
www.fmec.coop