APPLICATION FOR EMPLOYMENT

Federated Rural Electric is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Contact for more information or with questions:

Federated Rural Electric Association PO Box 69, Jackson MN 56143-0069 507-847-3520, 728-8366 or 1-800-321-3520 Email: info@federatedrea.coop





Applicant Information: Phone: Name: Street Address: City: State: Zip: Email: Position Sought: Date Available: ☐ Full Time ☐ Part Time Are you over 18 years old? ☐ Yes □No Are you legally eligible for employment in the United States? ☐ Yes ☐ No Proof of identity and eligibility will be required upon employment. Application Continued on Next Page...

	EDUC	CATION		
Please indicate education or training which you believe qualifies you for the position you are seeking.				
High school: Number of Years Completed:		□ 1 □ 2 □ 3 □ 4		
Diploma:	☐ Yes ☐ No	G.E.D.:	☐ Yes ☐ No	
List High School(s) Attend	ed, Plus City/State:			
	COLLEGE AND/OR \	OCATIONAL SCHOOL		
Number of Years Complet	ed:	□ 1 □ 2 □ 3 □ 4 □ 5 □] 6	
List Colleges/Vocational S	chools Attended, Degrees	or Other Training:		
	PROFESSIONAL LICE	NSE OR MEMBERSHIP		
Type of License(s) Held:				
Other Professional Memberships:				
You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.				
Application Continued on Next Page				

EMPLOYMENT (list last employer first, including U.S. Military Service)					
May we contact your present employer?	May we contact your present employer?				
If any employment was under a different name, indicate name:					
Employer:					
Address:					
Phone:	Position:				
Dates of Employment:	☐ Full Time ☐ Part Time	# of Hours:			
Supervisor:	Department:				
Duties:					
Reason for Leaving:					
Employer:					
Employer.					
Address:					
Phone:	Position:				
Dates of Employment:	☐ Full Time ☐ Part Time	# of Hours:			
Supervisor:	Department:				
Duties:					
Reason for Leaving:					
Employer:					
Address:					
Phone:	Position:				
Dates of Employment:	☐ Full Time ☐ Part Time	# of Hours:			
Supervisor:	Department:				
Duties:					
Reason for Leaving:					
Application Continued on Next Page					

Employer:				
Address:				
Phone:	Position:			
Dates of Employment:	☐ Full Time ☐ Part Time	# of Hours:		
Supervisor:	Department:			
Duties:				
Reason for Leaving:				
Employer:				
Address:				
Phone:	Position:			
Dates of Employment:	☐ Full Time ☐ Part Time	# of Hours:		
Supervisor:	Department:			
Duties:				
Reason for Leaving:				
If you wish to describe additional work experience, atta separate piece of paper or electronic file.	ch the above information for e	ach position on a		
coparatio proces of paper of creations inc.				
Explain any gaps in work history:				
Have you ever been discharged or asked to resign from	n a job?	Yes No		
If yes, explain:				
ii yes, explain.				
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Application Continued on Next Page				

REFERENCES:				
Do not include family members or past supervisors.				
Name:				
Phone:	Email:			
Occupation:				
Name:				
Phone:	Email:			
Occupation:				
Name:				
Phone:	Email:			
Occupation:				
APPLICANT'S CERTIFICATION AND AGREEMENT				
I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Federated Rural Electric to verify their accuracy and to obtain reference information on my work performance. I hereby release Federated Rural Electric from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.				
I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.				
I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.				
Name:		Date:		
Once application is complete, please save it as a Word document and email it as an				