

APPLICATION FOR EMPLOYMENT

Northern Plains Electric Cooperative (North)
609 4th Avenue, PO Box 608
Cando, North Dakota 58324-0608
(701) 968-3314

Northern Plains Electric Cooperative (South)
1515 West Main Avenue, PO Box 180
Carrington, North Dakota 58421-0180
(701) 652-3156

"An Equal Employment Opportunity Employer M/F/D/V"

GENERAL:

Name (Last, First, Middle Initial):

Social Security Number:

Present Address (Street, PO Box, City, State, Zip):

Telephone Number:

(_____) _____

Position Desired:

Starting Salary Required:

\$ _____ per _____

Are you interested in: Full-time Employment or Part-time Employment

If accepted, when can you start? _____

Are you related to a Northern Plains Electric Director or Employee? Yes No

What Relationship?

Give Names of Relative(s) employed by this Cooperative:

Are you at least 18 years of age? Yes No

The Cooperative will hire only U.S. citizens and aliens lawfully authorized to work in the United States.

Are you a U.S. Citizen? Yes No

If not a U.S. Citizen, are you lawfully authorized to work in the United States? Yes No

SKILLS:

Indicate your skills and abilities in the following areas (if applicable to the position in which you are applying):

Typing/Keyboard: _____ words per minute

Operation of Special Equipment (Word Processing, Computer, Line Equipment, etc.):

EMPLOYMENT: (List below all present and past employment, beginning with your most recent)

I. Company Name, Address and Phone Number:

Type of Business:

Starting Salary: Ending Salary:
\$ _____ \$ _____

Name of Supervisor(s):

Title and description of the work you did:

May we contact this employer? Yes No

From (Month/Year): To (Month/Year):
_____/_____/_____ / ____/____/_____

Reason for Leaving:

II. Company Name, Address and Phone Number:

Type of Business:

Starting Salary: Ending Salary:
\$ _____ \$ _____

Name of Supervisor(s):

Title and description of the work you did:

May we contact this employer? Yes No

From (Month/Year): To (Month/Year):
_____/_____/_____ / ____/____/_____

Reason for Leaving:

III. Company Name, Address and Phone Number:

Type of Business:

Starting Salary: Ending Salary:
\$ _____ \$ _____

Name of Supervisor(s):

Title and description of the work you did:

May we contact this employer? Yes No

From (Month/Year): To (Month/Year):
_____/_____/_____ / ____/____/_____

Reason for Leaving:

EDUCATION:

High School (Name and Address):

Years Completed:

Did You Graduate? Yes No

College (Name and Address):

Years Completed:

Did You Graduate? Yes No

Course of Study (Major/Minor):

List Diploma or Degree:

Other (Name and Address):

Years Completed:

Did you graduate? Yes No

Are you attending school or taking courses now? Yes

No

Where? _____

SERVICE IN THE ARMED FORCES:

From (Month/Year):

To (Month/Year):

_____/_____

_____/_____

General Duties:

PERSONAL REFERENCES: (Do not refer to previous employers or relatives)

Name:

Address (Street, City, State, Zip):

Phone Number:

1. _____

(_____) _____

2. _____

(_____) _____

3. _____

(_____) _____

