

MISSOURI RURAL ELECTRIC COOPERATIVE APPLICATION FOR EMPLOYMENT

| PERSONAL INFORMATION | | | |
|---|-------|--|--------------------------|
| Last Name | First | Middle | |
| Address | | | Phone No. |
| City | | State | Date |
| Citizen of United States Yes No | | Time Lived in this City | Time Lived in this State |
| | | Marital Status Single Married Other (Explain) | No. Dependents |

| EMPLOYMENT INFORMATION | | |
|---|--|--|
| Position Desired | Date You Can Start | Salary Desired |
| Are You Employed Now Yes No | If Yes, May We Inquire of Your Present Employer Yes No | Would You Accept Temporary Work Yes No |

| EDUCATION BACKGROUND | | | | | |
|---------------------------------------|------|-------------------------|---------------------------|--------------------|------------------------------|
| Schools and Colleges Attended | | | | | |
| Level | Name | Location (City & State) | # of Yrs. Attended | Grad. Yes No | Yr. Graduated or Left School |
| Grade | | | | | |
| High | | | | | |
| Business | | | | | |
| College | | | | | |
| Post Graduate | | | | | |
| Other | | | | | |
| College Major: | | | Degree: | | |
| Credits Earned if No Degree Received: | | | Date of Degree Conferred: | | |

| INFORMATION | |
|------------------------------------|--------------|
| In Case of Emergency Notify (Name) | Relationship |
| | |
| Address | Phone No. |
| | |
| | |

| SERVICE RECORD | | |
|--|-----|-------------------|
| Have You Ever Served in the Armed Forces of the U.S. | Yes | No |
| Branch | | Rank |
| | | Date of Discharge |

| REFERENCES (Names of Three Persons Not Related to You, Whom You Have Known at Least One Year) | | |
|--|------------------------|-----------------|
| Name and Address | Business or Occupation | Yrs. Acquainted |
| | | |
| | | |
| | | |

EXPERIENCE

On Page 3, show your employment since you first began to work. Start with your present position and work back toward your first position, accounting for all periods of employment. Describe your field of work and position and, except for employment held less than three months, give your duties and responsibilities in such detail as to make your qualifications clear.

I agree that any false statement shall be sufficient cause for rejection or dismissal. I hereby grant permission to investigate any of the information included in this application.

Date _____

Signature _____

| | |
|--|--|
| Place | Exact Title of Your Position |
| From _____ to _____ Month/Year Month/Year | Salary Starting _____ Per _____ Final _____ |
| Name of Employer | Duties & Responsibilities |
| Address | |
| Kind of Business or Organization | |
| Number & Class of Employees You Supervised | |
| Name & Title of Your Immediate Supervisor | |
| Reason for Leaving | Machines & Equipment Used |

| | |
|--|--|
| Place | Exact Title of Your Position |
| From _____ to _____ Month/Year Month/Year | Salary Starting _____ Per _____ Final _____ |
| Name of Employer | Duties & Responsibilities |
| Address | |
| Kind of Business or Organization | |
| Number & Class of Employees You Supervised | |
| Name & Title of Your Immediate Supervisor | |
| Reason for Leaving | Machines & Equipment Used |

| | |
|--|--|
| Place | Exact Title of Your Position |
| From _____ to _____ Month/Year Month/Year | Salary Starting _____ Per _____ Final _____ |
| Name of Employer | Duties & Responsibilities |
| Address | |
| Kind of Business or Organization | |
| Number & Class of Employees You Supervised | |
| Name & Title of Your Immediate Supervisor | |
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| | |
|--|--|
| Place | Exact Title of Your Position |
| From _____ to _____ Month/Year Month/Year | Salary Starting _____ Per _____ Final _____ |
| Name of Employer | Duties & Responsibilities |
| Address | |
| Kind of Business or Organization | |
| Number & Class of Employees You Supervised | |
| Name & Title of Your Immediate Supervisor | |
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