

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	Rank
Branch	Date of Discharge		

REFERENCES

(Names of Three Persons Not Related to You, Whom You Have Known at Least One Year)

Name, Address, Phone, & Email	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

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