

Jackson Electric Cooperative Application for Employment

Jackson Electric Cooperative (JEC) is an equal opportunity provider and employer.
No information provided here will be used in an unlawful manner.

Instructions:

1. Complete using black ink.
2. Answer all questions. Your application will not be considered if incomplete.
3. Read and sign Page 4.
4. Mail to: Jackson Electric Cooperative

N6868 County Road F
Black River Falls WI 54615

Fax to: 715.284.7143

Email to: erobertson@jackelec.com

Position Applied for:

GENERAL INFORMATION

Last Name		First Name		Middle Name	
Mailing Address			City	State	Zip Code
Home Phone Number		Cell Phone Number (Optional)		Email Address	

- 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 this cooperative.)
- Yes No Are you related by blood or marriage to any of the following persons: an employee of Jackson Electric Cooperative or a member of the Jackson 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 a part of the application process to provide any employment eligibility verification mandated by the federal government.
- Yes No Have you ever been employed by Jackson Electric? If yes, provide dates of employment.

EMPLOYMENT HISTORY

Provide your 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:		
Starting Salary:	From: (month/year)	To: (month/year)
Ending Salary:	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:		
Starting Salary:	From: (month/year)	To: (month/year)
Ending Salary:	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:		
Starting Salary:	From: (month/year)	To: (month/year)
Ending Salary:	Reason for Leaving:	
Name of Supervisor:		
Supervisor's Phone Number:		

May we contact the employers listed above? Yes No

If no, 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				
Did you graduate?	Yes No	Yes No	Yes No	Yes No
Diploma/Degree and Year Graduated				
Major Course(s) of Study				
Other Post High School Courses Completed				

SPECIALIZED TRAINING OR SKILLS: List any specialized training or skills you would like us to know about, such as typing speed, personal computer training, computer literacy, welding certification, special licenses (e.g. CDL), etc.

SERVICE IN THE ARMED FORCES (optional)

Branch of Armed Forces:

General Duties/Training:

OTHER INFORMATION

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 Jackson 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 may 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. I may not assert in any forum that the Cooperative is liable to me 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 Jackson 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 Jackson Electric Cooperative and myself. No promises regarding employment have been made to me at this time, and I understand that no such promise or guarantee is binding upon the Cooperative.

Signed:

Date:

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.



Jackson Electric Cooperative
N6868 County Road F
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www.jackelec.com
715.284.5385
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