

**CENTRAL POWER**  
**Electric Cooperative, Inc.**  
 525 20th Avenue SW  
 Minot, ND 58701



"An Equal Opportunity Employer"

Phone: (701) 852-4407  
 Fax: Headquarters Building (701) 852-4401  
 Fax: Oper. & Engineering (701) 852-4402

**EMPLOYMENT APPLICATION**

Date of Application	Position Applied For	Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Summer <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
---------------------	----------------------	---

Last Name	First Name	Middle Name
-----------	------------	-------------

Address Number	Street	City	State	Zip Code
----------------	--------	------	-------	----------

Telephone Number (s)	Social Security Number (voluntary)
----------------------	------------------------------------

Are You At Least 18 Years of Age? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will You Accept Temporary Work? <input type="checkbox"/> YES <input type="checkbox"/> NO	By Whom were You Referred
---	---	---------------------------

Are You Employed Now? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, May we Inquire of Your Present Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

Are You A U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Not, Do You Have A Working Visa? <input type="checkbox"/> YES <input type="checkbox"/> NO	Best Time to Contact You At Home Is: _____ : _____ AM _____ PM
---	---	--

Are You Related to an Officer, Board Member, or Employee of this Organization?  YES     NO  
 If Yes, Explain: \_\_\_\_\_

*Because of the critical nature of the work performed at Central Power and the company's concern for the quality of our products, the health and safety of our employees, and the well being of those who will ultimately use our products, it is the policy of Central Power to not hire persons who use illegal drugs. For this reason the company's pre-employment, post-offer medical examination includes a test for the presence of illegal substances, the successful completion of which is a condition of employment. Are you willing to take a physical examination as arranged for by Central Power upon receiving bonafide job offer?    YES     NO*

*When completing this section, do not disclose information regarding convictions that have been judicially sealed, expunged or impounded. Do not disclose information regarding juvenile court convictions or minor traffic violations. A conviction record does not automatically bar you from employment.*

In the last 7 years, have you been convicted of, pled guilty or no contest to, been imprisoned, or on probation or parole for any felony or misdemeanor?     YES     NO

Do you currently have charges pending? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you currently on probation? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---

If you answered yes to any of the questions above, please explain completely:

## EDUCATION

KIND OF SCHOOL	NAME OF SCHOOL	COURSES TAKEN	NO. OF YEARS COMPLETED	DIPLOMA DEGREE
GRAMMAR				
HIGH SCHOOL				
BUSINESS SCHOOL				
COLLEGE				
OTHER				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

---



---



---



---



---



---



---



---

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

---



---



---



---

### Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing		
<input type="checkbox"/> Typewriter WPM <input type="checkbox"/>	<input type="checkbox"/> Shorthand WPM <input type="checkbox"/>		

---



---



---



---



**PERSONAL REFERENCES (Do not list relatives or former employers.) PLEASE PRINT**

Name	Street	Town	State	Phone #	Years Known	Business or Occupation

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES       NO

I certify that answers given herein are true and complete. I hereby authorize the Cooperative to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of one year. Any application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that misrepresentation or omission of material facts will be a cause for dismissal. I understand also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

NOTES: _____ _____ _____ _____ _____	NOTES: _____ _____ _____ _____ _____
--	--

**PERSONNEL DEPARTMENT**

Starting Employment Date	<input type="checkbox"/> Employed <input type="checkbox"/> Re-Employed <input type="checkbox"/> Reinstated	Department	Salary \$	Hourly <input type="checkbox"/> Annually <input type="checkbox"/>
--------------------------	--	------------	-----------	--

\_\_\_\_\_  
Job Classification & Title

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Supervisor