

EMPLOYMENT APPLICATION



SOUTHEASTERN ILLINOIS ELECTRIC COOPERATIVE, INC.

P.O. Box 1001, 100 Cooperative Way,
Carrier Mills, IL 62930
(618)273-2611
www.seiec.com

SouthEastern Illinois Electric Cooperative places great emphasis on customer service, teamwork, problem solving and innovation. We look for people who exemplify these qualities and are willing to work hard for our membership. SEIEC is an equal opportunity employer.

Applicant Name: _____

Today's Date: _____

EMPLOYMENT

List below all present and past employment. Start with your current or last job. Include any job-related military service. Must be completed even if attaching a resume.

1. Company Name & Address:

Title:	Phone No.:	Type of Business:
Duties:		
From (month/year):	To (month/year)	
Name of supervisor(s)	Contact Phone Number(s):	
Reason for leaving:		

2. Company Name & Address:

Title:	Phone No.:	Type of Business:
Duties:		
From (month/year):	To (month/year)	
Name of supervisor(s)	Contact Phone Number(s):	
Reason for leaving:		

3. Company Name & Address:

Title:	Phone No.:	Type of Business:
Duties:		
From (month/year):	To (month/year)	
Name of supervisor(s)	Contact Phone Number(s):	
Reason for leaving:		

May we contact employers listed above? Yes No

If not, indicate which one(s) you do not wish us to contact: _____

EDUCATION

HIGH SCHOOL: (name & address)

Years Completed:

Did you graduate? Yes No

COLLEGE: (name & address)

Years Completed:

Did you graduate?
 Yes No

List diploma or degree:

Course of Study

GRADUATE: (name & address)

Years Completed:

Did you graduate?
 Yes No

List diploma or degree:

Course of Study

OTHER: (name & address)

Years Completed:

Did you graduate?
 Yes No

List diploma or degree:

Course of Study

Are you attending school or taking courses now? Yes No

List scholastic honors:

SKILLS & ABILITIES

Professional certifications and licenses (CPA, NASD series 6, etc.)

Equipment Operated (bucket truck, trencher, etc.)

Computer Skills (software programs, hardware, operating systems, etc.)

Other Skills or experience that are pertinent to the job applied for

List professional, trade, business or civic activities and offices held

PROFESSIONAL REFERENCES

Do not refer to relatives. Include only individuals familiar with your work ability

NAME	ADDRESS (street, city, state, zip, phone number)	YEARS KNOWN	OCCUPATION
1.			
2.			
3.			

REMARKS

Please list any additional comments that you feel are pertinent to the job for which you are applying.

PLEASE READ CAREFULLY

I certify that the facts contained in this application are true and complete. I authorize the Cooperative to verify all statements contained in this application for employment. I understand that falsified statements on this application shall be considered cause for discharge.

I understand that any offer of employment made by SouthEastern Illinois Electric Cooperative is contingent upon the satisfactory results of a medical examination and a drug screen.

I agree to conform to the rules, regulations and policies of the Cooperative and acknowledge that these rules, regulations, policies and any other terms and conditions, including benefits, may be changed by the Cooperative at any time and without prior notice to me, except as provided in any union contract applicable to my employment. I further acknowledge and agree that my employment may be terminated, with or without prior notice, at any time, at the will of the Cooperative or me, with or without cause except as provided in any union contract applicable to my employment.

This application will be maintained in the Cooperative's active files not to exceed 365 days, unless renewed.

If I am offered employment in a position that requires a job related physical examination, paid for by the Cooperative, I do hereby authorize the release of the results to the Cooperative. I further understand that (1)the Cooperative requires pre-employment drug and alcohol testing as well as testing after employment; (2) that this is a condition of my employment; and (3) that Cooperative reserves the right to terminate my employment based upon any test result indicating the presence of drugs or alcohol in violation of all applicable policies of the Cooperative.

Signature of Applicant

Date