



Slope Electric Cooperative, Inc.

P.O. Box 338 • New England, ND 58647
(701) 579-4191 or 1-800-559-4191

An Equal Employment Opportunity Employer

APPLICANT INSTRUCTIONS

If you need help completing this application form or for any phase of the employment process, please notify hr@slopeelectric.coop and every effort will be made to accommodate your needs. Submit this Job Application and all supporting documentation to hr@slopeelectric.coop.

Your application will not be considered if incomplete.

GENERAL

Name: (last, first, middle initial)

Present Address (street, city, state, zip):

E-mail address:

Home Phone:

Cell phone:

Business phone:

Position for which you are applying:

Starting salary required:

\$ _____ per hour

Are you interested in:

Full-time employment or Part-time employment

If accepted, when can you start?

Are you related to a Slope director or employee?

No Yes If so, list names and relationships:

By who were you referred?

Are you at least 18 years of age?

Yes No

The Cooperative will hire only U.S. citizens and aliens lawfully authorized to work in the U.S.

Are you a U.S. citizen? Yes No

If not a U.S. citizen, are you lawfully authorized to work in the U.S.? Yes No

Have you been convicted of a felony or drug-related offense within the last 7 years? Yes No

(This information will be reviewed for job relatedness and will not necessarily disqualify an applicant from employment.) If yes, please explain:

Have you been given a job-opening announcement that states the essential requirements of the position, or have the essential requirements been explained to you? Yes No

Are you capable of performing, with or without reasonable accommodation, the essential functions of the job for which you have applied? Yes No

EMPLOYMENT

List below all present and past employment, beginning with your most recent, including military service. If more than 3 past employers, please continue on an additional sheet.

1. Company name and address:

Title:	Phone No:	Type of Business:
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Duties:

From (month/year):	To (month/year):
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Name of supervisor(s):	Reason for leaving:
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2. Company name and address:

Title:	Phone No:	Type of Business:
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Duties:

From (month/year):	To (month/year):
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Name of supervisor(s):	Reason for leaving:
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3. Company name and address:

Title:	Phone No:	Type of Business:
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Duties:

From (month/year):	To (month/year):
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Name of supervisor(s):	Reason for leaving:
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May we contact employers listed above? Yes No

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

EDUCATION

If your school records are under a different name, please enter that name:

High School (name and address):

Years completed:

Did you graduate?
 Yes No

College (name and address):

Years completed:

Did you graduate?
 Yes No

List diploma or degree:

Course of study (major/minor):

Other (name and address):

Years completed:

Did you graduate?
 Yes No

List diploma or degree:

Are you attending school or taking courses now? Yes No If yes, where?

List scholastic honors:

SKILLS & ABILITIES

If applicable to the position for which you are applying, indicate your skills and abilities in the following areas:

Do you have an appropriate valid driver's license? Yes No

Do you have a Commercial Driver's License? Yes No
Class _____ Endorsements/Restrictions: _____

Can you travel if the position requires travel? Yes No

Do you speak a second language? Yes No Specify: _____

List specific software experience:

List any additional skills:

Equipment operated (bucket truck, trencher, etc.):

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 add any statements which you feel may help to clarify answers to the questions in this application. Also, you may add job-related volunteer activities or knowledge, skills and abilities as they relate to the job for which you are applying. (You may exclude information which would reveal race, religion, age, disability or other protected status.)

PLEASE READ CAREFULLY

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

I understand that any offer of employment made by Slope 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.

No representative or employee of the Cooperative, with the exception of the CEO/General Manager, has the authority to enter into any contract or agreement to the contrary, and then only if such commitment is in a written document signed by the CEO/General Manager and either the employee or any union representing the employee.

This application will be maintained in the Cooperative's active files for six months only, unless renewed.

I acknowledge that I have read and understand these terms.

If signed electronically, it is my intention that the marks made herein constitute my signature for purpose of this Application.

Date:

Signature:

**The completed form must be saved to your computer
and e-mailed as an attachment.**

No paper or mail applications will be accepted.