

APPLICATION FOR EMPLOYMENT



TWIN VALLEYS
PUBLIC POWER DISTRICT
PO Box 160
Cambridge, Nebraska 69022

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

PERSONAL

| | | | |
|---|-------|--------|-------------------------------------|
| Last Name | First | Middle | Date |
| Street Address | | | Home Phone () |
| City, State Zip | | | Business Phone () |
| Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month & Year _____ Location _____ | | | Social Security Number |
| Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____ | | | Date you will be available to start |
| Position Desired | | | Pay Expected |
| Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Other special training or skill, machine operation, typing, shorthand, etc. | | | |
| Are you on a lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

EDUCATION

| School | Name & Address of School | Course of Study | Check Last Year Completed | | | | Did you graduate? | List Diploma or Degree |
|--------------------|--------------------------|-----------------|---------------------------|----|----|-----------------------------|------------------------------|------------------------|
| High School | | | 9 | 10 | 11 | 12 | <input type="checkbox"/> Yes | |
| | | | | | | <input type="checkbox"/> No | | |
| | | | | | | | | |
| College | | | 1 | 2 | 3 | 4 | <input type="checkbox"/> Yes | |
| | | | | | | <input type="checkbox"/> No | | |
| | | | | | | | | |
| Other (Specify) | | | 1 | 2 | 3 | 4 | <input type="checkbox"/> Yes | |
| | | | | | | <input type="checkbox"/> No | | |
| | | | | | | | | |

Employment

Please give accurate, complete full-time and part-time employment. Start with the present or most recent employer.
If you do not have two employment references, please fill out "Personal References".

| | | |
|---|--|--|
| 1 | Company Name | Telephone () |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |

| | | |
|---|--|--|
| 2 | Company Name | Telephone () |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |

| | | |
|---|--|--|
| 3 | Company Name | Telephone () |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |

| | | |
|---|--|--|
| 4 | Company Name | Telephone () |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |

| | | |
|---|--|--|
| 5 | Company Name | Telephone () |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number (s) _____ Reason _____

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? ☐ Yes ☐ No If yes, dates of service and Branch: _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? ☐ Yes ☐ No

If so, What? _____

Did you receive an Honorable Discharge? ☐ Yes ☐ No If no, please explain: _____

Rank at Discharge _____

PERSONAL REFERENCES

(Not Former Employers or Relatives)

| Name and Occupation | Address | Phone Number |
|---------------------|---------|--------------|
| | | |
| | | |
| | | |

OTHER

Are you over 18 years of age? ☐ Yes ☐ No

If not, employment is subject to verification of minimum legal age.

Have you ever been bonded? ☐ Yes ☐ No

If yes, with which employers? (List numbers) _____

Have you ever been refused a bond? ☐ Yes ☐ No

If yes, please explain fully: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain fully: _____

State names of relatives and friends working for us. _____

SIGNATURE

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that I may be required to take a physical after an offer but prior to commencing employment.

I understand that my acceptance of any offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Date

Signature