



Swisher Electric
Cooperative

Swisher Electric Cooperative, Inc.

Employment Application

SEC 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.

SEC is an equal opportunity employer.

Applicant Name: _____

Today's Date: _____

Personal Information (please print clearly)

Last Name First Name Middle Name

Street Address _____

City _____ State _____ Zip _____

Previous address if less than 5 years at current address _____

Home Phone _____ Cell Phone _____

E-Mail _____

I understand that upon employment, proof of legal right to work in the United States and completion of I-9 form will be required.

Are you eligible to work for any United States employer at this time? Yes No

Are you a relative, either by blood or marriage, of a current employee or Director of Swisher Electric Cooperative? Yes No

If you are under 18 years of age, do you have a work permit? Yes No

Have you ever been convicted of a felony? Yes No If yes, explain _____

Do you have a valid driver's license? Yes No

Do you have a valid Commercial Driver's License (CDL)? Yes No

Can you travel if the position requires travel? Yes No

If you have ever worked under another under another name, please list below:

Last Name First Name Middle Name

Position Desired

Position Applied for _____

How did you learn of this vacancy? _____

Salary desired (Annual) \$ _____ Date Available _____

Are you able to perform the essential functions of this position? Yes No

If no, what accommodation would make it possible for you to perform this job? _____

Have you previously been employed by Swisher Electric or another electric cooperative?

Yes No If so, indicate co-op, position, department and dates _____

Swisher Electric Cooperative, Inc .is an equal opportunity employer and recruits, advertises, employs, promotes, transfers, disciplines, and discharges without regard to race, color, religion, national origin, age, sex, marital status, ancestry, physical or mental disability, or veteran status. The Cooperative is also required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ women, minorities, otherwise qualified disabled individuals, and Vietnam Era and disabled veterans.

Education and Training

Indicate Last Level of Education Completed

High School 1 2 3 4 College or University 1 2 3 4 Graduate School 1 2 3 4

Type of Education	Name and Location (City, State)	GPA	Did you graduate?	Major and Minor	Degree Earned

Professional certifications and licenses (such as CPA) _____

Computer skills (software programs, hardware, operating systems) _____

Other skills or experience that are pertinent to the job applied for _____

Employment History (Please Print Clearly)

MUST BE COMPLETED EVEN IF ATTACHING YOUR RESUME.

List your last three employers with the most recent first.

If you are currently employed, may we contact your employer? Yes No

Previous employer _____

Dates Employed – From _____ To _____
Month/Year Month/Year

Starting Salary _____ Ending Salary _____

Contact's Phone Number _____ Address _____

Supervisor's Name _____ Supervisor's Job Title _____

Your Job Title _____ Your Duties _____

Reason for leaving _____

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Previous employer \_\_\_\_\_

Dates Employed – From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Contact's Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Job Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_  
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Previous employer _____
 Dates Employed – From _____ To _____
Month/Year Month/Year
 Starting Salary _____ Ending Salary _____
 Contact's Phone Number _____ Address _____
 Supervisor's Name _____ Supervisor's Job Title _____
 Your Job Title _____ Your Duties _____
 Reason for leaving _____

Professional References (Please list only references that we may contact at this time)

Name	Title	Company	Phone Number
			<i>Work</i> <i>Home/cell</i>
			<i>Work</i> <i>Home/cell</i>
			<i>Work</i> <i>Home/cell</i>

Affidavit

Nonbinding Application and Interview Process: I understand that this application will be reviewed, but nothing in this application or any other documents or in the employment evaluation process shall be construed as either an offer or contract of employment or an obligation on the part of Swisher Electric Cooperative, Inc. to provide any benefit to me.

Employment-At-Will: I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Swisher Electric Cooperative, Inc. or myself.

I hereby declare that my statements on this application and on my resume or documents provided by me to Swisher Electric Cooperative Association, Inc. are true and correct to the best of my knowledge. I acknowledge and agree that providing any false information may result in a decision not to hire me, or if hired, may result in the termination of my employment. I also authorize investigation of these statements. This investigation may include employment history, reasons for leaving previous employers, criminal record, credit record, driving record, social security number investigation, and the degree/certification verification. I hereby release Swisher Electric Cooperative, Inc. from all liability for any damages resulting from the information obtained. This application will be considered only for the position for which you are applying. To be considered for other positions, a new application must be filed.

APPLICANT'S SIGNATURE _____