



Your Touchstone Energy® Partner 

**Please read before completing the Application for Employment.**

Nodak Electric Cooperative is an Equal Opportunity Employer. Our objective is to maintain a continuing policy of non-discrimination in employment. You will be considered for employment based upon your qualifications for the position for which you have applied.

- You must complete the entire Nodak application; resumes may be attached to the application, but will not be accepted alone.
- Nodak will only accept applications for current open positions.
- Your application will only be considered for the position in which you apply. Therefore you must:
  - Place the job title in the “Position Applied For” area of the application.
  - Complete another application each time you wish to apply for an available position.

Submit completed Application for Employment to:  
Nodak Electric Cooperative  
ATTN: Michelle Markuson  
PO Box 13000  
Grand Forks, ND 58208-3000

If you have any questions, please contact Michelle Markuson at 701-746-4461.

- Pre-employment drug screen may be required

**Thank you for your interest in employment at Nodak Electric Cooperative**



Your Touchstone Energy® Partner 

4000 - 32<sup>ND</sup> AVENUE SOUTH • BOX 13000 • GRAND FORKS, ND 58208-3000 • PHONE 746-4461 • 1-800-732-4373 • www.nodakelectric.com

**“An Equal Opportunity Employer”**

## APPLICATION FOR EMPLOYMENT

### PERSONAL

(Please Print Plainly)

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Permanent Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Permanent  Seasonal/Temporary  Part Time

Are you 18 years of age or older? Yes  No

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List any friends or relatives working for us \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Where did you learn of this opening? \_\_\_\_\_

In case of serious illness or emergency whom should we notify first? \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

Are you legally eligible for employment in “The United States?”  Yes  No

**-EDUCATION-**

School	Name and Address of School	Course of Study	Years Completed	Did You Graduate?	List Diploma or Degree
High		X		<input type="checkbox"/> Yes	X
				<input type="checkbox"/> No	
College				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Other (Specify)				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	

**-MILITARY SERVICE RECORD-**

Were You in U.S. Armed Forces? Yes  No  If Yes, What Branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank Attained \_\_\_\_\_

List General Duties \_\_\_\_\_

\_\_\_\_\_

List Special Training \_\_\_\_\_

\_\_\_\_\_

**-SPECIAL SKILLS-**

List any other honors, experiences, skills or qualifications which you feel would especially fit you for work with Nodak Electric Coop. These might include civic interests, public offices, scholastic awards, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**-PERSONAL REFERENCES-**

(Not Former Employers or Relatives)

Full Name	Address	Telephone No.	Occupation
	-----		
	-----		
	-----		

**-EMPLOYMENT-**

(Use successive dates beginning with most recent employer.)

Have you included a resume and cover letter?    yes      no       If no, please complete this section.

Name of Company _____
Address _____
Type of Business _____
Your Position _____    Employed From _____    To _____
Starting Salary _____ Per _____    Last Salary _____ Per _____
Duties _____
_____
Supervisor's Name & Title _____
Reason for Leaving _____    May we contact? _____

Name of Company _____
Address _____
Type of Business _____
Your Position _____    Employed From _____    To _____
Starting Salary _____ Per _____    Last Salary _____ Per _____
Duties _____
_____
Supervisor's Name & Title _____
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Your Position _____    Employed From _____    To _____
Starting Salary _____ Per _____    Last Salary _____ Per _____
Duties _____
_____
Supervisor's Name & Title _____
Reason for Leaving _____    May we contact? _____

The facts stated in my application are true and complete. It is understood that if employed, false statements shall be considered sufficient cause for dismissal. I understand that this application does not by itself create a contract of employment.

**Signed:** \_\_\_\_\_

**-NOTIFICATION/RELEASE OF INFORMATION-**

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report may be conducted on you in the course of consideration for employment. I hereby authorize Nodak Electric Cooperative Inc. or any agent of Nodak Electric Cooperative Inc. to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative Consumer Report is conducted, I will be notified in writing within three days from request of said report. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

List any other names used in the last 10 years (maiden, nicknames, etc.) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

List all cities or towns you have lived in the past 10 years. Use additional space if necessary.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_

Have you ever been convicted or pled no contest to any crime? Yes  No

If yes, please describe location, offenses, dates and disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## INVITATION TO SELF-IDENTIFY

Nodak Electric Cooperative in accordance with Title 41 Code of Regulations invites all applicants or employees to complete the information listed below. This information will be a valuable assistance in fulfilling Nodak’s federal and state statistical reporting and Equal Opportunity/Affirmative Action requirements and will not be used for or have any effect on any hiring decisions. ***This information is voluntary and refusal to provide it will not subject you to adverse treatment.*** The information obtained will be treated in a highly confidential manner and will be used to assist Nodak in the proper and safe placement of all employees including the reasonable accommodations of an individual with a disability.

Name: \_\_\_\_\_

Today’s Date: \_\_\_/\_\_\_/\_\_\_

Position: \_\_\_\_\_

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

### Race/Ethnicity:

- American Indian or Alaskan Native** – a person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian** – a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American** – a person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islanders** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islanders.
- Hispanic or Latino (all races)** – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin (regardless of race).
- White** – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Two or More Races** – All persons who identify with more than one of the five above races.

### Disability Status:

- Individual with a Disability** - The term “disability,” with respect to the Americans with Disability Act, refers to an individual who has:
  - A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
  - A record of such an impairment; or
  - Being regarded as having such impairment.

If you have a handicap or disability which might affect your performance or create a hazard to yourself or others in connection with the job for which you are applying or are presently performing, please state the following: (1) the skills and procedures you use or intend to use to perform the job notwithstanding the handicap or disability and (2) the accommodation(s) we could make which would enable you to perform this job properly and safely.

\_\_\_\_\_  
\_\_\_\_\_

### Veteran Status:

- Veteran** – A citizen of the United States regularly enlisted, drafted, inducted or commissioned, who was accepted for and assigned to active duty in the armed forces of the United States.
- Special Disabled Veteran/Disabled Vietnam Veteran** – According to the Amendments to the Vietnam Era Veterans Readjustment Assistance Act of 1974, a special disabled veteran is: a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans’ Administration for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under section 1506 of this title to have a serious employment handicap, or a person who was discharged or released from active duty because of a service connected disability. Please specify any accommodations, which would allow you to do your job safely and properly.

\_\_\_\_\_  
\_\_\_\_\_

- Veteran of the Vietnam Era** – A person who has served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or discharged or released from active duty for a service connected disability during the same period.