PARK ELECTRIC COOPERATIVE, INC.

PO BOX 1119; 5706 HIGHWAY 89 SOUTH LIVINGSTON, MT 59047 Telephone: (406) 222-3100

Employment Application

PERSONAL INFORMATION							
Last Name			First Name		Middle		
Street Address			City/State/Zip				
Home Phone	Cell Phone	Work Phone	Work Phone Email Address				
An Equal Op	portunity Emplo	oyer					
without regard to	Opportunity organizarace, color, religion, semployment, including	sex, age, national o	rigin, disability	or veteran stat	us. This policy applies		
EDUCATION	AND TRAINING	Please note that	academic tra	nscripts may be	required		
Please write name	& location of school		Years Completed	Graduated	Type of Degree		
High School				Yes□ No□			
College				Yes□ No□			
Graduate School				Yes No			
Technical School				Yes No			
Relevant Course Wo	rk:						

Employment Experience: Please describe the past seven years of employment, if applicable. Begin with your present or most recent position. Include military or volunteer service that may provide experience to help you qualify for this position. If the space provided is not sufficient, copy this page and attach the separate sheet. The information must be completed in full. Information you provide on this application is subject to verification. **Current Employer** Address/City/State/Zip Employer Telephone (area code) Position Title Start Date May we contact your present employer now? Yes ☐ No ☐ Supervisor's Name & Title Explain reason for leaving:___ Describe your responsibilities and accomplishments: Employer Address/City/State/Zip Position Title Employer Telephone (area code) Supervisor's Name & Title Start Date **End Date** Explain reason for leaving:____ Describe your responsibilities and accomplishments:

Employer	Address/City/State/Zip	
Employer Telephone (area code)	Position Title	
Supervisor's Name & Title	Start Date	End Date
Explain reason for leaving:		
Describe your responsibilities and accom	nplishments:	
Employer	Address/City/State/Zip	
Employer Telephone (area code)	Position Title	
Supervisor's Name & Title	Start Date	End Date
Explain reason for leaving:		
Describe your responsibilities and accom	nplishments:	
bescribe your responsibilities and accom	ipliorimento.	

GENERAL INFORMATION

Have you ever been convicted of a felony? Yes No						
Explain any lapses in employment which are longer than three (3) months:						
-						
RI	EFERENCES: Please list three references					
,						
1.	Name	Phone Number				
	Address	_				
2.	Name	Phone Number				
	Name	Phone Number				
	Address					
3.						
	Name	Phone Number				
	Address					
Αı	uthorization to Release Information - Please Read Care	efully Before Signing				
I certify that all information in this application is true and complete and that misrepresentation or omission of						
facts in this application or in the selection process may disqualify me from consideration. I understand Park						
	ectric may conduct a background investigation and obtain informationers familiar with my work experience.	n from former employers, co-workers or				
١.	uthorize the investigation of any or all statements contained in this a	polication and any interview process.				
	uthorize the investigation of any or all statements contained in this a so authorize any person, school, current employer, past employers a					
rel	evant information and opinions that may be useful in making a hiring	g decision.				
	elease such persons and organizations from any legal liability in mak					
	understand and by my signature, consent to these statements and authorize investigation of all information contained in this application and the hiring process.					
UU	manica in this application and the minig process.					
Ap	plicant's Signature	Date				