PARK ELECTRIC COOPERATIVE, INC.

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

Employment Application

PERSONAL INFORMATION							
Last Name Fi			irst Name		Middle		
Street Address City/State/Zip							
Home Phone	Cell Phone	Work Phone	Work Phone Email Address				
An Equal Op	portunity Emplo	oyer					
PEC is an Equal Opportunity organization. The organization's policy is to treat all employees and applicants without regard to race, color, religion, sex, age, national origin, disability or veteran status. This policy applies to all aspects of employment, including recruitment, hiring, training, compensation, benefits and promotions.							
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:						
RE	FERENCES: Please list three references					
1.	Current Supervisor Name	Phone Number				
	Current Supervisor Name	Priorie Numbei				
	Current Employer and Title					
	. ,					
2.	Current or Former Supervisor Name	Phone Number				
	·					
	Current Employer and Title					
3.	Current Coworker	Phone Number				
	Current Employer and Title					
	Canoni Employer and Title					
Αι	thorization to Release Information - Pleas	e Read Carefully Before Signing				
l ce	ertify that all information in this application is true and co	omplete and that misrepresentation or omission of				
facts in this application or in the selection process may disqualify me from consideration. I understand Park						
	ctric may conduct a background investigation and obtain ers familiar with my work experience.	in information from former employers, co-workers or				
Lai	uthorize the investigation of any or all statements contain	ned in this application and any interview process. I				
I authorize the investigation of any or all statements contained in this application and any interview process. I also authorize any person, school, current employer, past employers and organizations contacted to provide						
reie	evant information and opinions that may be useful in ma	aking a niring decision.				
I release such persons and organizations from any legal liability in making such statements. I have read, understand and by my signature, consent to these statements and authorize investigation of all information						
	ntained in this application and the hiring process.					
Apr	olicant's Signature	Date				