

Phone (605)-865-3511 www.mge.coop www.facebook.com/moreaugrand

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"Putting Value On The Line Since 1946"

Instructions

If you need assistance during any phase of the employment process (e.g. completing the application form), please contact us. Every effort will be made to accommodate your needs. Leave blank any unapplicable questions.

General Information					
Name (last, first, middle initial)					
Mailing Address					
City	State	Zip Code			
Home Phone:	Cell Pr	none:			
E-Mail:					
Position for which you are applying:					
Starting salary required: \$ per					
Are you interested in: Full Time Employment Part Time	ne Employment	If accepted, when can you start?			
Are you related to any M-G Electric cooperative employees?	Yes	No			
If so, list their names and relationships to you:					
By who were you referred?	Are yo	u at least 18 years of age? Yes No			
Moreau-Grand Electric Cooperative will only hire U.S. citizens	and aliens lawfu	ılly authorized to work in the U.S.			
Are you a U.S. citizen? Yes No If not, are you	lawfully authorized	d to work in the U.S.? Yes No			
Have you been convicted of a felony or drug-related offense within the last 7 years?					
(This information will be reviewed for job relatedness and will not no	ecessarily disquali	fy an applicant from employment.)			
If yes, please explain:					
Have you been given a job-opening announcement that states requirements been explained to you? Yes Are you capable of performing with or without reasonable acceptable essential functions of the job for which you are applying?	No	quirements of the position, or have the essential Yes No			

Education				
If your school records are under a different name, please enter that name:				
High School (Name and Address):				
Years completed: Did you graduate? Yes No				
College (Name and Address):				
Years completed:Did you graduate?YesNo List Diploma or Degree:				
Course of study (major/minor):				
Other Name and Address:				
Years completed:Did you graduate?YesNoList Diploma or Degree:				
Are you attending school or taking courses now? Yes No				
List Any Scholastic Honors:				
Skills and Abilities				
If applicable to the position for which you are applying, indicate your skills and abilities in the following areas:				
Do you have an appropriate valid driver's license?				
Do you have a Commercial Driver's License? Yes No				
Class: Endorsements/Restrictions:				
Can you travel if the position requires? Yes No				
List specific software experience:				
List any additional skills:				
List arry additional stills.				
Equipment operated (bucket truck, trencher, etc.):				

Employment List below all present and past employment, beginning with your most recent, including military service. If more than three past employers, please continue on an additional sheet. 1. Company Name & Address: Phone Number: Type of Business: Job Title: From (Month/Year) To (Month/Year) Starting Salary: \$ Ending Salary: \$ Name(s) of supervisor(s): Duties: Reason for leaving:

Name(s) of supervisor(s): **Duties:** 2. Company Name & Address: Phone Number: Type of Business: Job Title: To (Month/Year) From (Month/Year) Starting Salary: \$ Ending Salary: \$ Name(s) of supervisor(s): Duties: Reason for leaving: 3. Company Name & Address: Phone Number: Type of Business: Job Title: From (Month/Year) To (Month/Year) Starting Salary: \$ Ending Salary: \$ Name(s) of supervisor(s): **Duties:** Reason for leaving: May we contact the employers listed above? In not, indicate which one(s) you do not wish us to contact:

Professional References					
Include former colleagues or sup	ervisors who are familiar with your work abil	ities.			
Name	Address & Phone Number	Years Known	Occupation		
1.					
2.					
3.					
			-		
Remarks					
Remarks Please add any statements which you feel may help to clarify answers to the questions in this application. Also, you may add any job-related volunteer activities or knowledge, skills, and abilities as they relate to the job for which you are applying. (You may exclude information which would reveal race, religion, age, disability or other protected status.)					
Please Read Carefully					
I certify that the facts contained in this application are true and complete. I understand that falsified statements on this application shall be considered cause for discharge.					
I understand that any offer of employment made by Moreau-Grand Electric Cooperative may be subject to a satisfactory results of a medical examination and a drug screen.					
I agree to conform to the rules, regulations and policies of Moreau-Grand Electric and acknowledge that these rules, regulations, policies and any other terms and conditions, including benefits, may be changed by Moreau-Grand Electric at any time and without prior notice to me. I further acknowledge and agree that my employment may be terminated, with or without prior notice, at any time, at the will of Moreau-Grand Electric or myself, with or without cause.					
No representative or employee of Moreau-Grand Electric, with the exception of the Manager, has the authority to enter into any contract or agreement to the contrary, and then only if such commitment is in a written document signed by the Manager and the employee.					
I acknowledge that I have read and understand these terms.					