

# **EMPLOYMENT APPLICATION**



## **SOUTHEASTERN ILLINOIS ELECTRIC COOPERATIVE, INC.**

P.O. Box 1001, 100 Cooperative Way,  
Carrier Mills, IL 62930  
(618)273-2611  
[www.seiec.com](http://www.seiec.com)

SouthEastern Illinois Electric Cooperative 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. SEIEC is an equal opportunity employer.

**Applicant Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

### GENERAL INFORMATION

Last Name	First Name	Middle Name		
If you have ever worked or earned degrees under another name, please list below				
Last Name	First Name	Middle Name		
Address: <i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Provide previous address if less than 5 years at current address				
Address: <i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Home Phone	Cell Phone	Business Phone		
Email Address	Social Security Number - -			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				
The Cooperative will hire only U.S. citizens and aliens lawfully authorized to work in the U.S. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a U.S. citizen, are you lawfully authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have an appropriate valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a Commercial Driver's License (CDL)? <input type="checkbox"/> Yes <input type="checkbox"/> No Class _____ Endorsements/Restrictions _____				

### POSITION DESIRED

In making this application for employment, I understand that this particular application is for the below listed position only, and in no event will it be considered ACTVIE for any longer than one (1) year.	
Position Applied For:	Date you can start:
Have you ever been employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and where?
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please check all that apply Are you interested in: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Overtime <input type="checkbox"/> Temporary	Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives employed at SEIEC? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes who?

**SouthEastern Illinois Electric Cooperative** 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 disabilities, or veteran status.

## ***EMPLOYMENT***

List below all present and past employment. Start with your current or last job. Include any job-related military service. Must be completed even if attaching a resume.

### **1. Company Name & Address:**

Title:	Phone No.:	Type of Business:
Duties:		
From (month/year):	To (month/year)	
Name of supervisor(s)	Contact Phone Number(s):	
Reason for leaving:		

### **2. Company Name & Address:**

Title:	Phone No.:	Type of Business:
Duties:		
From (month/year):	To (month/year)	
Name of supervisor(s)	Contact Phone Number(s):	
Reason for leaving:		

### **3. Company Name & Address:**

Title:	Phone No.:	Type of Business:
Duties:		
From (month/year):	To (month/year)	
Name of supervisor(s)	Contact Phone Number(s):	
Reason for leaving:		

**May we contact employers listed above?**  Yes  No

If not, indicate which one(s) you do not wish us to contact: \_\_\_\_\_

\_\_\_\_\_

## ***EDUCATION***

**HIGH SCHOOL:** (name & address)

Years Completed:

Did you graduate?  Yes  No

**COLLEGE:** (name & address)

Years Completed:

Did you graduate?

Yes  No

List diploma or degree:

Course of Study

**GRADUATE:** (name & address)

Years Completed:

Did you graduate?

Yes  No

List diploma or degree:

Course of Study

**OTHER:** (name & address)

Years Completed:

Did you graduate?

Yes  No

List diploma or degree:

Course of Study

Are you attending school or taking courses now?  Yes  No

List scholastic honors:

## ***SKILLS & ABILITIES***

Professional certifications and licenses (CPA, NASD series 6, etc.)

Equipment Operated (bucket truck, trencher, etc.)

Computer Skills (software programs, hardware, operating systems, etc.)

Other Skills or experience that are pertinent to the job applied for

List professional, trade, business or civic activities and offices held

**PROFESSIONAL REFERENCES**

Do not refer to relatives. Include only individuals familiar with your work ability

NAME	ADDRESS (street, city, state, zip, phone number)	YEARS KNOWN	OCCUPATION
1.			
2.			
3.			

**REMARKS**

Please list any additional comments that you feel are pertinent to the job for which you are applying.

**PLEASE READ CAREFULLY**

I certify that the facts contained in this application are true and complete. I authorize the Cooperative to verify all statements contained in this application for employment. I understand that falsified statements on this application shall be considered cause for discharge.

I understand that any offer of employment made by SouthEastern Illinois Electric Cooperative is contingent upon the satisfactory results of a medical examination and a drug screen.

I agree to conform to the rules, regulations and policies of the Cooperative and acknowledge that these rules, regulations, policies and any other terms and conditions, including benefits, may be changed by the Cooperative at any time and without prior notice to me, except as provided in any union contract applicable to my employment. I further acknowledge and agree that my employment may be terminated, with or without prior notice, at any time, at the will of the Cooperative or me, with or without cause except as provided in any union contract applicable to my employment.

This application will be maintained in the Cooperative's active files not to exceed 365 days, unless renewed.

If I am offered employment in a position that requires a job related physical examination, paid for by the Cooperative, I do hereby authorize the release of the results to the Cooperative. I further understand that (1)the Cooperative requires pre-employment drug and alcohol testing as well as testing after employment; (2) that this is a condition of my employment; and (3) that Cooperative reserves the right to terminate my employment based upon any test result indicating the presence of drugs or alcohol in violation of all applicable policies of the Cooperative.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## SEIEC EEO Self-Identification

SEIEC is an equal opportunity employer. All applicants are considered without regard to race, color, religion, sex, age, national origin, veteran status, disability or any status that is protected by state or federal law.

In an effort to comply with government record keeping requirements, we ask that you **voluntarily** complete this information. The U.S. government requires employers to report the number of applicants and employees in the racial, ethnic and veterans groups listed below.

THIS INFORMATION WILL ONLY BE USED FOR REPORTING TO GOVERNMENTAL AGENCIES. IT WILL NOT BE USED IN DETERMINING ELIGIBILITY FOR EMPLOYMENT AND WILL BE KEPT SEPARATE FROM THE APPLICATION FORM.

Name \_\_\_\_\_ Zip Code \_\_\_\_\_

County and State of Residence \_\_\_\_\_

How did you learn of this vacancy? \_\_\_\_\_

If by advertisement, please give name and date of publication \_\_\_\_\_

Position applied for MUST be specified \_\_\_\_\_

### Part I – Sex, Race and Ethnicity

The following designations are those currently required by the federal government.

#### Check only one:

Gender  Male  Female

Are you Hispanic or Latino?  Yes  No

If NO check only one:

- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaskan Native (Not Hispanic or Latino)
- Two or more races (Not Hispanic or Latino) (All persons who identify with more than one of the above five races.)

**Part II – Identification as Covered Veteran (Check all that apply)**

Veteran of the Vietnam Era

*This term means a person who served on active duty for 180 days or more, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such duty occurred; a) in the Republic of Vietnam between 2/28/61 and 5/7/75 or b) between 8/5/64 and 5/7/75 in all other cases or c) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed in the place/periods described in a) and b) above.*

Special Disabled Veteran

*This term means 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 Department of Veterans Affairs for a disability a) rated at 30 percent or more or b) rated at 10 to 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap, or a person who was discharged or released from active duty because of a service-connected disability.*

Other Veteran

*This term means a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.*

**Part III – Disabled**

Check only one:  Yes  No

*Any individual who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.*

*All job qualification requirements must be job related and all information obtained from medical examinations and pre-employment inquires will be used in accordance with job-related standards. "Substantially limited" is added to clarify the meaning of that phrase for the purposes of these regulations. A definition of a qualified disabled individual is provided to assure that persons who are protected under the Act are those qualified to work rather than those who qualify solely to meet the definition of disabled. All physical and mental qualifications must be justified for the particular job for which the disabled person is being considered.*

**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 SouthEastern Illinois 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 SouthEastern Illinois Electric Cooperative, Inc. or myself.

I hereby declare that my statements on this application and on my resume or document provided by me to SouthEastern Illinois Electric Cooperative, 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 degree/certification verification. I hereby release SouthEastern Illinois Electric Cooperative, Inc. from all liability for any damages resulting from the information obtained. This application shall be considered active for a period of time not to exceed one year.

APPLICANT'S SIGNATURE \_\_\_\_\_