

Please Read Before Completing the Employment Application

PKM 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 application; Resumes may be attached to application, but will not be accepted alone.
- Include a copy of your college or technical school transcripts.
- PKM will only accept applications for current open positions.
- Your application will only be considered for the position for 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 Application to:

P K M Electric Cooperative, Inc
Attn: Michael Schmidt
P.O. Box 108
Warren, Mn 56762-0108

If you have any questions, please contact the Human Resource Department at 218-745-4711

- Pre-employment drug screen will be required
- All offers of employment are contingent on a background check

Thank you for your interest in employment with PKM Electric Coop

APPLICATION FOR EMPLOYMENT

"An Equal Opportunity Employer"

(Mail or deliver application to the above address.)

Please Print Plainly

PERSONAL

Date _____

Name _____ Social Security No. _____

Present Address _____ Telephone No. _____

_____ Cell Phone No. _____

Permanent Address _____ Telephone No. _____

Position(s) applied for _____ Rate of pay expected _____

Permanent 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? _____

Have you ever been convicted of a crime? If so, when, where and what was the disposition of the case?

Are you legally eligible for employment in the United States? Yes No

If no, what would it take to make you legally eligible to work in the United States? _____

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 _____

EDUCATION

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

SPECIAL SKILLS

List any other experiences, skills, or qualifications which you feel would especially fit you for work with the company.

CURRENT EMPLOYER

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 Considering to Leave _____ May we contact? _____

PAST EMPLOYMENT
(Use successive dates beginning with most recent employer.)

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 _____
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 _____
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 _____
Reason for Leaving _____ May we contact? _____

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EMPLOYMENT

(Continued)

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? _____

PERSONAL REFERENCES

(Other individuals who can attest to your knowledge, abilities, character and personality – not former employers or relatives.)

Full Name	Address	Telephone No.	Occupation

PLEASE READ CAREFULLY

PKM Electric Cooperative is subject to Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, Section 503 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. PKM will take affirmative action to employ qualified disabled veterans, veterans of the Vietnam era, or other veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, and disabled individuals. If you fall under one of these categories and would like to be considered under the affirmative action program, please inform us by completing the declaration form included with this application. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse action. Information given shall be kept confidential. Only individuals with a valid need for the information in regards to work limitations or safety considerations will be informed. If you are disabled, it would assist us if you can inform us of any special methods, skills, procedures or accommodations which would enable you to perform the job properly and safely.

Any offer of employment or reemployment shall be contingent upon meeting the physical and mental requirements of the job and successfully passing a background check and drug and alcohol screen. A copy of PKM's drug and alcohol testing policy is available upon request.

By my signature placed below, I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date.

I, _____ (print name), authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide the representatives of PKM Electric Cooperative, Inc., with relevant information and opinion that may be useful to the company in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, I am free to resign at any time, and the company reserves the right to terminate my employment at any time, with or without cause or prior notice.

I understand this application will be considered only for the position for which I have applied. If I wish to be considered for another position, I must reapply.

Signed _____ Date _____

INVITATION TO SELF-IDENTIFY

PKM 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 PKM'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 PKM 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:
 - o A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
 - o A record of such an impairment; or
 - o 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.
- Disabled Veteran** – A veteran of the U.S. military ground, naval, or air service who is entitled to compensation (or who but for the reason of military retired pay would be entitled to compensation) under the laws administered by the Secretary of Veteran Affairs, or a person who was discharged or released from active duty because of a service-connected disability.
- Special Disabled Veteran** – 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 or 20 percent in the case of a veteran who has been determined under section 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. Please specify any accommodations, which would allow you to do your job safely and properly.

- Veteran of the Vietnam Era** – A veteran who has served on active duty for a period of more than 180 days who was discharged or released there from with other than a dishonorable discharge, if any part of which occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1965 or between August 5, 1964 and May 7, 1975, in all other locations. Or was discharged or released for a service-connected disability if any part of active duty was during the dates and locations listed above.
- Other Protected Veteran** – Any other veteran who served on active duty in the U.S. Military, ground, naval, or air service during a war or campaign or expedition for which a campaign badge has been authorized.
- Recently Separated Veteran** – A veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- Armed Forces Service Medal Veterans** – A veteran who while serving on active duty in the U.S. Military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded.

See attached list for campaign and medal explanations.

Signature: _____

Date: _____