



Phone: 218-745-4711  
Fax: 218-745-4713  
[www.pkmcoop.com](http://www.pkmcoop.com)

## APPLICATION FOR EMPLOYMENT

*"An Equal Opportunity Employer"*  
(Mail or deliver application to the above address.)

Please Print Plainly

Date \_\_\_\_\_

### PERSONAL

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? \_\_\_\_\_

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	-----				
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	
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.

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### CURRENT EMPLOYER

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Your Position \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Starting Salary \_\_\_\_\_ Per \_\_\_\_\_ Last Salary \_\_\_\_\_ Per \_\_\_\_\_

Duties \_\_\_\_\_

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Supervisor's Name & Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ 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 \_\_\_\_\_

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Supervisor's Name & Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact? \_\_\_\_\_

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**Name of Company** \_\_\_\_\_

Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Your Position \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Starting Salary \_\_\_\_\_ Per \_\_\_\_\_ Last Salary \_\_\_\_\_ Per \_\_\_\_\_

Duties \_\_\_\_\_

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Supervisor's Name & Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact? \_\_\_\_\_

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**Name of Company** \_\_\_\_\_

Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Your Position \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Starting Salary \_\_\_\_\_ Per \_\_\_\_\_ Last Salary \_\_\_\_\_ Per \_\_\_\_\_

Duties \_\_\_\_\_

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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 \_\_\_\_\_

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Supervisor's Name & Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact? \_\_\_\_\_

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### 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
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### PLEASE READ CAREFULLY

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.

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 P.K.M. 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 to prior notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_