

ST. CROIX ELECTRIC COOPERATIVE APPLICATION FOR EMPLOYMENT

OFFICE USE ONLY

St. Croix Electric Cooperative is an equal opportunity employer.
No information provided here will be used in an unlawful manner.

Instructions:

- 1 Complete in your own handwriting, using black ink.
- 2 Answer all questions. Your application will not be considered if incomplete.
- 3 Read and sign Page 4.
- 4 Mail to: St. Croix Electric Cooperative Fax to: 715.796.7070
Attn: Human Resources
1925 Ridgeway Street
Hammond, WI 54015

POSITION APPLIED FOR: _____

GENERAL INFORMATION

Name _____
Last First MI

Mailing Address _____
Number Street City State Zip Code

Telephone Numbers Home () _____
Cell () _____
Work () _____ (optional)

Email Address _____

- Yes No Are you under the age of 18?
- Yes No Do you have a valid driver's license? (A valid driver's license is a job-related requirement of some positions at St. Croix Electric Cooperative.)
- Yes No Are you related by blood or marriage to any of the following persons: an employee of St. Croix Electric or a member of the St. Croix Electric Board of Directors?
If the answer is "yes" state the name(s), relationship(s), and position(s) held by the person(s) to whom you are related _____
- Yes No Are you a legally eligible for employment in the United States? You will be required as part of the application process to provide any employment eligibility verification mandated by the federal government.
- Yes No Have you ever been employed by St. Croix Electric? If yes, provide dates of employment. _____

EMPLOYMENT HISTORY

Provide the employment information requested below. Begin with your present or most recent employment. Use page 4 to complete your employment history (if necessary).

Employer Name and Address:

Phone Number: ()

Type of Business: _____

Starting Salary: _____ Ending Salary: _____
\$ _____ \$ _____

Name of Supervisor(s): _____

Job Title: _____

Describe the work you did: _____

From: _____ / _____ To: _____ / _____
Month Year Month Year

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Employer Name and Address:

Phone Number: ()

Type of Business: _____

Starting Salary: _____ Ending Salary: _____
\$ _____ \$ _____

Name of Supervisor(s): _____

Job Title: _____

Describe the work you did: _____

From: _____ / _____ To: _____ / _____
Month Year Month Year

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Employer Name and Address:

Phone Number: ()

Type of Business: _____

Starting Salary: _____ Ending Salary: _____
\$ _____ \$ _____

Name of Supervisor(s): _____

Job Title: _____

Describe the work you did: _____

From: _____ / _____ To: _____ / _____
Month Year Month Year

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

EDUCATION AND TRAINING

Indicate all schools that you have attended.

	High School	Vocational/Technical	College/University	Graduate School
School Name and Address				
Circle Last Year Completed	9 10 11 12	13 14	13 14 15 16	17 18 19 20
Diploma/Degree & Year Graduated				
Major Course(s) of Study				
Other Post High School Courses Completed				

SPECIALIZED TRAINING OR SKILLS: List current typing speed, personal computer training, computer literacy, welding certification, special licenses, etc., that you possess that pertain to the position for which you are applying.

SERVICE IN THE ARMED FORCES

From: / /
 Month Day Year

To: / /
 Month Day Year

Branch of Armed Forces: _____ Rank: _____

General Duties/Training: _____

OTHER INFORMATION

APPLICANT AUTHORIZATION

READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING.

_____ I certify that the facts contained in this application and/or resume for employment at St. Croix Electric Cooperative are true and complete to the best of my knowledge. I understand that any misrepresentations, falsifications, and/or deliberate omissions identified now or in the future will result in my immediate dismissal.

_____ I authorize investigation of all statements herein. I also authorize by my signature below or a copy thereof, the organizations and individuals referred to herein to furnish information to the Cooperative. The Cooperative shall be held harmless should it, in processing this employment application, rely on information provided from these sources, even if the information provided is inaccurate or erroneous.


_____ I understand that as part of being considered for employment by St. Croix Electric Cooperative, I will be required to undergo a physical examination which will include urine testing for drugs (Certain positions also require testing for alcohol.).

_____ Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures or handbooks that I might receive, is intended to create an employment contract between St. Croix Electric Cooperative and myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Cooperative. If an employment relationship is established, I understand my employment is at-will. I understand that I have a right to terminate my employment at any time, for any reason, for no reason, and St. Croix Electric Cooperative retains a similar right regarding the discontinuation of my employment subject only to the terms of a collective bargaining agreement, if one applies, and to the full extent permitted by law.

Signed _____

Date _____



A Touchstone Energy[®] Cooperative 
The power of human connections

ST. CROIX ELECTRIC COOPERATIVE
1925 RIDGEWAY STREET
HAMMOND, WI 54015

www.scecn.net