



Traverse Electric Cooperative, Inc. (TEC) is an equal opportunity employer dedicated to a policy of nondiscrimination in employment. You will be considered for employment based upon your qualifications for the position for which you have applied.

PLEASE PRINT

Name: _____ Date: _____

Address: _____ Main Number: (____) _____

City: _____ State: _____ Zip Code: _____ Mobile Number:(____) _____

Position desired: _____ Desired Pay: _____

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? YES NO

(Proof of identity and eligibility will be required upon employment)

Are you at least 18 years of age? YES NO

(If no, you may be required to provide authorization to work.)

Have you ever worked for TEC before? YES NO

If yes, When? (Give dates) _____ Job Title: _____

Are you related, directly or through marriage, however remotely, to any present employees of Traverse Electric Cooperative, Inc., or to any member of the Board of Directors of TEC? YES NO If yes, to whom are you related and how? _____

Are you available to work: DAYS NIGHTS WEEKENDS

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed? YES NO If yes, may we contact your employer? YES NO

If presently employed, why are you considering leaving?

Do you currently belong to any professional, trade, business or civic organizations that would deal with the position for which you are applying? YES NO Please list: _____

If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EDUCATION

Schools Attended	Name and Location of School	Circle Last Year Completed	Degree/Diploma	Grade Point Average	Major Course of Study
High School		9 10 11 12			
Technical, Vocational Business, or Military Training		1 2 3 4			
College or University		1 2 3 4			
Graduate School		1 2 3 4			
Licenses or Certifications	Type of License or Certification:		Agency certifying, License # and Dates valid:		

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES NO If yes, please describe:

List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

United States Military or Naval Service: _____ **Rank:** _____

Dates of Service: _____ **Honorable Discharge?** _____

Active National Guard or Reserves? Yes No **Dates** _____

EMPLOYMENT: Start with your present or most recent position

Name of Employer		Telephone Number ()
Address (Including Street, City, State & Zip)		Supervisor's Name and Title
From Month/Day/Year	To Month/Day/Year	Reason for Leaving:
Job Title and Description of Duties		
Name of Employer		Telephone Number ()
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title
From Month/Day/Year	To Month/Day/Year	Reason For Leaving:
Job Title and Description of Duties		
Name of Employer		Telephone Number ()
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title
From Month/Day/Year	To Month/Day/Year	Reason for Leaving:
Job Title and Description of Duties		

Use an additional sheet of paper if more space is necessary.

REFERENCES (List three individuals who are not relatives)

Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number () Email:
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number () Email:
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number () Email:

IMPORTANT, PLEASE READ AND SIGN

If employed by TEC, I agree to abide by its policies and practices. The preceding information is complete and true to my knowledge.

If required, I agree to take a physical examination and provide whatever health history information as may be necessary and, further, the examining physician may disclose the findings to TEC or its authorized agent. A physical examination will be done upon a conditional job offer for all covered positions. If required, I agree to take a drug test and have the results disclosed to TEC or its authorized agent. The drug test will be performed upon a conditional job offer for covered positions. I agree to, if required, a background check authorization requested for sensitive positions once an offer has been made and accepted in writing.

I hereby authorize investigation of all statements contained in this application and I agree that if any misrepresentation or omission is made by me or if the results of an investigation are not satisfactory for any reason, any offer of employment made to me by TEC may be terminated immediately without obligation or liability to me other than for payment, at the rate agreed upon, for service actually rendered if I have been employed. I authorize my previous employers and references to furnish any information required concerning my personal character, work habits or employment records. I release all such persons from liability or damages incurred as a result of inquiry and furnishing this information.

Additionally, I understand that nothing contained in the Employment Application or in the granting of an interview or in any policies, procedures, or handbooks that I may receive is TEC intending to create an employment contract between itself and me for employment for a specific duration. I acknowledge that the policies and practices of TEC may be changed, interpreted, withdrawn, or added to by the company at any time and without prior notice, I further understand that no promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing and signed by the CEO/General Manager. If an employment relationship is established, I understand that my employment and compensation may be terminated, with or without cause at any time at the option of either TEC or myself.

Further, any representation made to me, either directly or indirectly, that may, in any way, limit the right of the company to terminate my employment at any time without notice for any reason, or that may constitute an express or implied covenant of good faith and fair dealing, shall be void and unenforceable unless set out in writing and signed by the CEO/General Manager of TEC.

I understand that TEC is a tobacco-free and drug-free workplace.

Signed: _____ Date: _____