Scenic Rivers Energy Cooperative Application for Employment

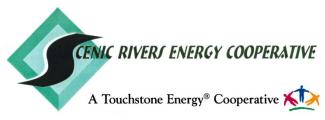
Scenic Rivers Energy Cooperative (SREC) is an equal opportunity employer. No information provided here will be used in an unlawful manner.

Instructions:							
 Answer all ques Read and sign F Mail to: Scenic Attn: Hu G€Î ÂÔ[Page 4. Rivers Energy Coop uman Resources `} ĉ ÁÜ[ﷺÁS ter, WI 53813	ion will not be o	considered if incomple	ete.			
GENERAL I	NFORMATIC	ON					
Last Name		First Name		Middle Nam	Middle Name		
Mailing Address			City		State	Zip Code	
					0.000		
Home Phone Number		Cell Phone Num	L ber (Optional)	Work Phone	 e Number (Oj	ptional)	
☐ 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 this Cooperative.)						
🗌 Yes 🔲 No	Are you related by blood or marriage to any of the following persons: an employee of SREC or a member of the SREC 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 legally eligible for employment in the United States? You will be required as a part of the application process to provide any employment eligibility verification mandated by the federal government.						
🗌 Yes 🗌 No	Have you ever bee employment.	en employed by	/ Scenic Rivers Energ	y Cooperative?	lf yes, pro	vide dates of	
🗌 Yes 🗌 No	Were you referred	by a current er	nployee for this positi	on? If yes, prov	de the em	ployee's name.	

EMPLOYMENT HISTORY				
Provide your employment information below. Begin with your present or most recent employment. Use the Other Information section (page 3) to complete your employment history if necessary. Employer Name and Address: Job Title:				
Employer Name and Address:	Job Title:			
	Describe the work you did:			
Dhana Numhar				
Phone Number:				
Type of Business:				
Starting Salary:	From: (month/year)	To: (month/year)		
Ending Salary:	Reason for Leaving:			
Name of Supervisor:				
Supervisor's Phone Number:				
Employer Name and Address:	Job Title:			
	Describe the work you did:			
Phone Number:				
Type of Business:				
Starting Salary:	From: (month/year)	To: (month/year)		
Ending Salary:	Reason for Leaving:			
Name of Supervisor:				
Supervisor's Phone Number:				
Employer Name and Address:	Job Title:			
	Describe the work you did:			
Phone Number:				
Type of Business:				
Starting Salary:	From: (month/year)	To: (month/year)		
Ending Salary:	Reason for Leaving:			
Name of Supervisor:				
Supervisor's Phone Number:				
May we contact the employers listed above?	Yes 🗌 No			
If no, indicate which employer(s) we should not contact:				

EDUCATION AND TH Indicate all schools that yo				
		d.		
	High Schoo	Vocational/Technical	College/University	Graduate School
School Name and Address				
Did you graduate?	Yes No	Yes No	Yes No	Yes No
Diploma/Degree				
Major Course(s) of Study				
Other Post High School Courses Completed				
welding certification, spec applying.	ial licenses (e.g.	S: List current typing speed, p , CDL), etc., that you possess t	that pertain to the position	for which you are
SERVICE IN THE AR	MED FORCE	S		
Branch of Armed Forces:				
General Duties/Training:				
OTHER INFORMATION	ON			
	ON			
	ON			
DTHER INFORMATI	ON			
	ON			
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APPLICANT AUTHORIZATION (Read carefully and initial each paragraph before submitting.)				
	I certify that the facts contained in this application and/or resume for employment at Scenic Rivers Energy 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 may 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. I may not assert in any forum that the Cooperative is liable to me 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 a part of being considered for employment by Scenic Rivers Energy Cooperative, I may be required to undergo a physical examination which may 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 Scenic Rivers Energy 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.			
Signed:	Date:			



Scenic Rivers Energy Cooperative Attn: Human Resources 206 County Road K Lancaster, WI 53813

www.sre.coop