



**Applicant Name** \_\_\_\_\_

**Today's Date** \_\_\_\_\_

# Employment Application

## Butler Electric Cooperative

216 S. Vine

PO Box 1242

El Dorado KS 67042

Butler Electric Cooperative places great emphasis on customer service, teamwork, problem solving, and innovation. We look for people who exemplify these qualities and are willing to work hard for our membership.

# Personal Information (Please Print Clearly)

**Notice: Substance and Alcohol Testing is required of applicant driver.**

---

Last Name _____	First Name _____	Middle Name _____
Street Address _____		
City _____	State _____	Zip Code _____
Home Phone _____	Work Phone _____	
Fax _____	E-Mail _____	

## Addresses for Past Three Years

_____	Dates _____		
_____	Dates _____		
(Street)	(City)	(State)	(Zip)

**(Attach sheet if more space is needed)**

I understand that upon employment, proof of legal right to work in the United States and completion of I-9 form will be required.

Are you eligible to work for any United States Employer at this time?  Yes  No

Have you ever been convicted of a felony?  Yes  No If yes explain \_\_\_\_\_

Do you have a valid driver's license?  Yes  No State \_\_\_\_\_ License# \_\_\_\_\_

Expires \_\_\_\_\_

Do you have a valid Commercial Driver's License (CDL)?  Yes  No

State \_\_\_\_\_ License# \_\_\_\_\_ Expires \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

**(If the answer is yes to either of the two previous questions, attach statement giving details)**

## Traffic Convictions and Forfeitures for the past three years (Other than Parking Violations)

---

(Location)	(Date)	(Charge)	(Penalty)
------------	--------	----------	-----------

**DRIVING EXPERIENCE**

<u>Type of Equipment</u>	<u>Dates</u>	<u>Approx. Number of Miles</u>
Straight Truck _____		
Tractor & Semi Trailer _____		
Other _____		

**ACCIDENT RECORD FOR THE PAST THREE YEARS OR MORE**

<u>Date</u>	<u>Nature of Accident</u>	<u>Fatality</u>	<u>Injury</u>	<u>Non-Injury</u>
Last Accident _____				
Next previous _____				
Next Previous _____				

**Position Desired**

Position Applied For \_\_\_\_\_

How did you learn of this vacancy? \_\_\_\_\_

Salary Desired \$ \_\_\_\_\_ Date Available \_\_\_\_\_

**Note to Applicants: DO NOT answer the following question unless you have been informed about the requirements of the job for which you are applying.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?  Yes  No

Can you travel if the position requires travel?  Yes  No

Do you have any relatives employed at Butler REC?  Yes  No

If yes, who? \_\_\_\_\_

Have you previously been employed by Butler REC or another electric cooperative?  Yes  No

If yes, indicate position, department, and dates: \_\_\_\_\_

---

# Education and Training

	Name and Address Of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
College or Vocational School				

Professional certifications and licenses \_\_\_\_\_

Computer skills \_\_\_\_\_

Other skills or experience that are pertinent to the job applied for \_\_\_\_\_

# Employment History

MUST BE COMPLETED EVEN IF ATTACHING YOUR RESUME.

All drivers applying to drive in intrastate or interstate commerce must provide the following information on employers during the **preceding three years**. List mailing address, street number, city state and zip code. Applicants applying to drive a “**commercial motor vehicle**” as defined by Part 383 in intrastate or interstate commerce shall also provide an additional seven years information on those employers for whom the applicant driver operated such vehicle.

List employers in reverse order starting with the most recent. Add another sheet as necessary.

If you are currently employed, may we contact your employer?  Yes  No

Previous Employer \_\_\_\_\_

Dates Employed – From \_\_\_\_\_ To \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Contact’s Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Supervisor’s Name \_\_\_\_\_ Job Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Previous Employer \_\_\_\_\_

Dates Employed – From \_\_\_\_\_ To \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Contact's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Job Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Previous Employer \_\_\_\_\_

Dates Employed – From \_\_\_\_\_ To \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Contact's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Job Title \_\_\_\_\_

Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## Professional References (Please list only references that we may contact at this time.)

NAME	TITLE	COMPANY	PHONE NUMBERS

# Affidavit – To be read and signed by applicant.

**Nonbinding Application and Interview Process:** I understand that this application will be reviewed, but nothing in this application or any other documents or in the employment evaluation process shall be construed as either an offer or contract of employment or an obligation on the part of Butler REC to provide any benefit to me.

**Employment-At-Will:** I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Butler REC or myself.

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the company.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

“This institution is an equal opportunity provider and employer.”

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S. W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).



## ACKNOWLEDGEMENT

I understand that Butler Electric Cooperative is making no employment offer at this time. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during interviews, is grounds for disqualification from further consideration for employment or for termination, if employed.

I authorize Butler Electric Cooperative to contact any company, institution or individual it deems appropriate to investigate my employment history, character, qualifications, credit history, driving record, and other relevant information, if job-related. I give my full consent for all contacted persons including former employers to provide the information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to Butler Electric Cooperative. I acknowledge that a facsimile of this form is as valid as the original.

A Company-paid drug test and/or physical examination may be required. I understand that any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered for which no reasonable accommodation can be made.

I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that if I am hired, my employment at the Company is "at-will" and may be terminated by myself or by the Company at any time, with or without cause or notice. I understand that no representative of the Company has the authority to make any assurance to the contrary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**AUTHORIZATION TO RELEASE INFORMATION**

I authorize Butler Electric Cooperative to contact any company, institution, law enforcement agency, state agency, bureau or individual it deems appropriate to investigate my employment history, job performance, background, qualifications, driving record and other relevant information, if job related. I give my full consent for all contacted persons including former employers to provide the information concerning this authorization and understand that information so obtained maybe used for decisions about my employment. I waive my right to bring any case of action against these individuals for any and all liability for damages arising from furnishing the requested information to Butler Electric Cooperative. A credit report detailing personal financial history may also be obtained as part of this background check.

\_\_\_\_\_  
**NAME (PRINTED)**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

Maiden Name and/or other names known by:  
\_\_\_\_\_

Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_ Birth date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State driver's license issued: \_\_\_\_\_

According to the Fair Credit Reporting Act, applicants are entitled to know if insurance or employment is denied because of information obtained by the prospective employer from a consumer-reporting agency.

Our organization is an equal opportunity employer.

