



APPLICATION FOR EMPLOYMENT

Eastern Illini Electric Cooperative is an equal opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulations, including federal laws prohibiting employment discrimination on the basis of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

INTRODUCTORY INFORMATION

Name: _____ E-mail: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

APPLICANT QUESTIONS

Position applying for: _____ Date available to begin work: _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? ___ Yes ___ No

Are you 18 years of age or older? ___ Yes ___ No Do you currently have a Class A CDL? ___ Yes ___ No

How were you referred to Eastern Illini Electric Cooperative? _____

EDUCATION

High School or last grade completed:

Name & Location of School: _____

Degree/Diploma: _____ Years completed: _____

College or Technical School:

Name & Location of School: _____

Degree/Diploma: _____ Years completed: _____

Course of Study: _____

Other Schooling or Training:

Name & Location of School: _____

Degree/Diploma: _____ Years completed: _____

Course of Study: _____

MILITARY EXPERIENCE

Branch of Service: _____ Rank/Type of Service: _____

Job-Related Training/Experience: _____

RECORD OF EMPLOYMENT

List positions, starting with your most recent:

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Ending Date: _____ Reason for Leaving: _____

Duties: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Ending Date: _____ Reason for Leaving: _____

Duties: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Ending Date: _____ Reason for Leaving: _____

Duties: _____

WORK-RELATED REFERENCES (Do not include relatives.)

Name	Occupation	Contact Information
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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EMPLOYMENT STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with Eastern Illini Electric Cooperative is at-will, meaning that I or Eastern Illini Electric Cooperative may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize Eastern Illini Electric Cooperative to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that Eastern Illini Electric Cooperative requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____

Date Signed: _____

Please return this completed application to Eastern Illini Electric Cooperative via email at:
human.resources@eiec.coop

or regular mail:

Eastern Illini Electric Cooperative
ATTN: Human Resources
PO BOX 96
Paxton, IL 60957