

# APPLICATION FOR EMPLOYMENT

"WE ARE AN EQUAL OPPORTUNITY EMPLOYER"

This application is good for 60 days.

Applicants will receive consideration without discrimination because of race, color, sex, age, disability, national origin, religion, genetic information, marital status or any other prohibited basis of discrimination, as provided under applicable local, state and federal law.

Federal and state laws obligate us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought by contacting the Manager of Finance and Administration at [brent.eggerling@ncppd.net](mailto:brent.eggerling@ncppd.net) or by phone at 1-402-358-5112.

**(PLEASE PRINT)**

## PERSONAL

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Present Address: \_\_\_\_\_  
(Mailing address, Street, City, State, Zip)

How long have you lived at present address?  
\_\_\_\_\_

Telephone No: \_\_\_\_\_  
Alt. Telephone No: \_\_\_\_\_

Are you related to any current employee?  Yes  No  
If yes, state their name and relationship: \_\_\_\_\_

Position applied for? \_\_\_\_\_

	Are you willing to work:	Yes	No
Would you accept any other position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Over 40 hours per week?	_____	_____
	Irregular shifts?	_____	_____
	Nights?	_____	_____
Date available for employment? _____	Saturdays or Sundays?	_____	_____
	Holidays?	_____	_____
Work skills you possess: _____	Travel?	_____	_____

Do you have a current driver's license?  Yes  No

What kind? \_\_\_\_\_

Has your driver's license ever been revoked?  
 Yes  No

If Yes, Why?

Are you eligible to work in the United States for any employer? Proof of eligibility to work in the United States will be required. \_\_\_\_\_ Yes \_\_\_\_\_ No

### EDUCATION

Indicate Grade Completed by placing an X in front of the grade

High School: \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 Graduated? \_\_\_\_\_ Yes \_\_\_\_\_ No

College: \_\_\_\_\_ 13 \_\_\_\_\_ 14 \_\_\_\_\_ 15 \_\_\_\_\_ 16  
Degree  
Received: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Major: \_\_\_\_\_

Other Schools (Vocational, Military, etc.): \_\_\_\_\_

### EMPLOYMENT EXPERIENCE

Have you ever been employed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Include periods of unemployment, self-employment and military service.

If Yes, Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

List current and previous employers: (List most current first, next most current, second, etc.)

May we contact your current employer: \_\_\_\_\_ Yes \_\_\_\_\_ No

Position: _____	Employer Name: _____
Supervisor: _____	Address: _____
Telephone Number: _____	Date Worked: From: _____ To: _____
Job Duties: _____	

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**EMPLOYMENT EXPERIENCE (continued)**

Position: _____	Employer Name: _____
Supervisor: _____	Address: _____
Telephone Number: _____	Date Worked: From: _____ To: _____
Job Duties: _____	

Have you ever been terminated from employment: \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

List any special training or skills relevant to the position you are seeking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT'S STATEMENT

The facts set forth above are true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior work record. I understand that employment is contingent upon this investigation and, if employed, false statements in this application may result in termination of employment **I hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to North Central Public Power District.** I hereby release any prior employer from any obligations to provide me with written notification of such disclosure and hereby release them from any liability for any statements made and/or documents released. I understand that the documents released may include a record of disciplinary action assessed by the company or previous employers. I understand that certain positions offered may require a pre-employment physical examination by a company designated physician after an offer of employment has been made.

I further understand that as part of this physical examination, I may be required to submit to tests to determine the presence or use of alcohol, drugs or other controlled substances, and, if I refuse such tests, my application for employment will be rejected.

**I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANYTIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.**

Date:

Signature of Applicant: