

Dunn Energy Cooperative

Application for Employment

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

Instructions:

1. Complete using black ink.
2. Answer all questions. Your application will not be considered if incomplete.
3. Read and sign page 4.

Position Applied For: _____

GENERAL INFORMATION

Last Name

First Name

Middle Name

Mailing Address:

Home Phone Number

Work Phone Number (optional)

- | | | |
|-----|----|--|
| 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 Dunn Energy) |
| Yes | No | Are you related by blood or marriage to any of the following persons: an employee of DEC; an employee of a member distribution cooperative; a member of the DEC board of directors; or a member of the Board of Directors of any distribution cooperative? |

If the answer is yes, state the name(s), relationship(s), and position(s) held by their 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 been employed by Dunn Energy Cooperative? If yes, provide dates of employment. |
| Yes | No | Were you referred by a current Dunn Energy employee for this position? If yes, provide the employee's name. |

EMPLOYMENT HISTORY

Provide the employment information requested below. Begin with your present or most recent employment. Use the Other Information section (page 3) to complete your employment history if necessary.

Name, Address & Phone Number of Company	From		Starting Salary	Describe in detail the work you did:
	Mo.	Yr.		
	To		Ending Salary	
	Mo.	Yr.		
Supervisor's name/phone:	Reason for Leaving:			

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May we contact the employers listed above:

If no, indicate which employer(s) we should not contact:

APPLICANT AUTHORIZATION (READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING)

_____ I certify that the facts contained in this application and/or resume for employment at Dunn 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 will 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. The Cooperative shall be held harmless 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 and agree that should Dunn Energy Cooperative extend a conditional offer of employment to me, I will be required to undergo drug testing. Additionally, I may be subject to alcohol testing and/or a physical examination if necessary and related to duties of the offered position.

_____ 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 Dunn 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. If an employment relationship is established, I understand my employment is at-will. I understand that I have a right to terminate my employment at any time, for any reason, for no reason, and Dunn Energy Cooperative retains a similar right regarding the discontinuation of my employment subject only to the terms of a collective bargaining agreement, if one applies, and to the full extent permitted by law.

Signature _____ Date _____



"Energy Through Excellence"

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