APPLICATION FOR EMPLOYMENT

COLUMBUS ELECTRIC COOPERATIVE, INC.

Columbus Electric Cooperative, Inc. is an equal opportunity employer and does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, gender, sexual orientation, marital status, physical or mental disability or military status.

This Application is valid for thirty (30) days only. Consideration for employment after thirty (30) days requires a new Application.

POSITION SOUGHT_____ DATE_____

DATE OF AVAILABILITY_____

PERSONAL INFORMATION:

Name_____
Last First Middle

Physical Address_____
Number & Street City State Zip Code

(If different from above)
Mailing Address_____
Street or Box Number City State Zip Code

Phone Number_____ e-mail address_____

SSN:_____

Are you over the age of 18? _____Yes _____No

Are you legally eligible for employment in the United States? _____Yes _____No

Can you perform the essential functions of the position for which you are applying? (If you have any questions as to what functions are deemed essential to the position, please ask the interviewer before answering this question.) _____Yes _____No

Do you have a valid driver's license?

_____Yes _____No

If yes, state and license number?_____

Have you ever worked for this Company before? _____Yes _____No

If yes, when? _____

Do you know anyone who works for this company? _____Yes _____No

If yes, who? _____

Do you have any relatives or friends who work for or are affiliated with this company?
_____Yes _____No If yes, who?_____

EDUCATIONAL INFORMATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School:_____
Name City State

Diploma/G.E.D. _____Yes _____No

College or Vocational_____
Name City State

Number of years attended_____ Degree_____

Other School or Program_____
Name City State

Number of years attended_____ Degree_____

Other School or Program_____
Name City State

Number of Years attended_____ Degree_____

Other Training or Certificates_____

_____

Professional Licenses of Membership_____

_____

Do you have a valid Driver's License? _____Yes _____No

State of Issue_____ Number_____

Have your driving privileges ever been suspended or revoked? _____Yes _____No

As a driver, have you been in a vehicle accident in the past three years?

_____Yes _____No

EMPLOYMENT HISTORY: Begin with most recent employment first.

Have you ever been terminated from employment? _____Yes _____No

If yes, by whom and why?_____

_____

Are you currently employed? _____Yes _____No Since when?_____

Employer Name_____

Address_____
Number & Street City State Zip Code

Phone Number_____ Position_____

Name of Supervisor_____ e-mail address_____

May we contact this employer? _____Yes _____No

Employer Name_____

Address_____
Number & Street City State Zip Code

Phone Number_____ Position_____

Name of Supervisor_____ e-mail address_____

Employer Name_____

Address_____
Number & Street City State Zip Code

Phone Number_____ Position_____

Name of Supervisor_____ e-mail address_____

Employer Name_____

Address_____
Number & Street City State Zip Code

Phone Number_____ Position_____

Name of Supervisor_____ e-mail address_____

REFERENCES:

Name_____

Address_____
Number & Street City State Zip Code

Phone Number_____ e-mail address_____

Name_____

Address_____
Number & Street City State Zip Code

Phone Number_____ e-mail address_____

Name_____

Address_____
Number & Street City State Zip Code

Phone Number_____ e-mail address_____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in this Application are true and accurate to the best of my knowledge and I authorize Columbus Electric Cooperative, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Columbus Electric Cooperative, Inc. from any and all liability of whatever kind and nature which, at any time, could result from obtaining or having an employment decision based on such information.

I understand that Columbus Electric Cooperative, Inc. strives to maintain a drug and alcohol free workplace and that after an offer of employment is extended a medical examination may be performed and that such examination may include a drug or alcohol screening procedure.

I understand that, if employed by Columbus Electric Cooperative, Inc., falsified statement of any kind or omissions of facts called for in this Application of in any medical examination shall be considered sufficient basis for denial of employment or for dismissal from employment.

I understand that neither the completion of this Application nor any other part of my consideration for employment establishes any obligation for Columbus Electric Cooperative, Inc. to hire me.

I understand that Columbus Electric Cooperative, Inc. may inquire about my arrest or conviction history upon discussing employment with me. I further understand that if I have a certain criminal history, Columbus Electric Cooperative, Inc.'s employment policies or other applicable laws could disqualify me from employment in particular positions with Columbus Electric Cooperative, Inc.

I understand that should an offer of employment be extended by Columbus Electric Cooperative, Inc. and accepted by me, I agree to fully adhere to all policies, rules and regulations of employment of Columbus Electric Cooperative, Inc. I further understand that neither the policies, rules or regulations of employment or anything said during the interview and hiring process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and is at-will and that either I or Columbus Electric Cooperative, Inc. may terminate my employment at any time with or without notice or cause.

I understand, that if employed by Columbus Electric Cooperative, Inc., applicable laws require me to provide certain information, including date of birth and country of origin and to prove my eligibility for employment by providing certain documents establishing my identity and employment eligibility.

Signature of Applicant_____ Date_____