

**EMPLOYMENT APPLICATION**  
**FERGUS ELECTRIC COOPERATIVE, INC.**  
84423 US Highway 87, Lewistown MT 59457-2058 Office No.: 406-538-3465 Fax No.: 406-538-7391

Position Applying for: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL DATA**

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Message Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Driver's License: Operator  CDL  CDL Type: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

If required, will you work?

Rotating Shifts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overtime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Saturdays	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sundays	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Holidays	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Out of Town	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**EDUCATION**

High School Diploma or GED?  Yes  No Post Secondary Degree? \_\_\_\_\_

Name of school beyond High School: \_\_\_\_\_

Training Length: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Apprenticeship Level: \_\_\_\_\_ In which trade? \_\_\_\_\_

**WORK EXPERIENCE (List most recent work experience first)**

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Complete Address \_\_\_\_\_  
Street / P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Job Description (duties, skills, equipment used)

Dates From (mm/yy) \_\_\_\_\_ / \_\_\_\_\_ To (mm/yy) \_\_\_\_\_ / \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**WORK EXPERIENCE**

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Complete Address \_\_\_\_\_  
Street / P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Job Description (duties, skills, equipment used)

Dates From (mm/yy) \_\_\_\_\_ / \_\_\_\_\_ To (mm/yy) \_\_\_\_\_ / \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**WORK EXPERIENCE**

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Complete Address \_\_\_\_\_  
Street / P.O. Box City State Zip Code

Job Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Job Description (duties, skills, equipment used)

Dates From (mm/yy) \_\_\_\_\_ / \_\_\_\_\_ To (mm/yy) \_\_\_\_\_ / \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION**

Examples include; classes (include dates), certificates, current licenses, specific equipment and other skills.

**LIST REFERENCES (preferably persons who know about your work/training)**

Name	Address	Phone Number
_____	_____	( ) _____ - _____
_____	_____	( ) _____ - _____
_____	_____	( ) _____ - _____

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, creed, color, sex, age, national origin, marital status, or physical/mental disability. Do you need an accommodation to participate in the application or interview process?  Yes  No

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer?  Yes  No

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
10-08-2014