

It is the policy of Nemaha-Marshall Electric Cooperative to provide equal opportunity with regard to all terms and conditions of employment. Please *complete the following information in your own handwriting and using ink.* Answer each question completely. Failure to answer all questions completely may result in your application being rejected. Applications are not considered complete unless signed by the Applicant. (see page 3).

Position Applying	g For:	· · · · · · · · · · · · · · · · · · ·			_ Date	
General Informa	ation					
Name						
I	Last		First		Middle	
Mailing Address						
	Number	Street	City	County	State	Zip Code
Telephone: Home ([)		Cell () _			
Work	()		E-mail			
As may be necessary	for the job, are y	ou older than 18	years of age?		Yes	☐ No
As may be necessary for the job, do you have a valid driver's license?					Yes	☐ No
-	Issuing State		Class	Endorse	ements	
	Issue Date		Expiration Date			
Are you legally eligible to work in the United States?					☐ _{Yes}	□ No
List any previous da	ites of employme	nt at Nemaha-Ma	arshall Electric or ente	er "None"		
prohibit the you have a name(s), rel	lone". Nemaha-Mar employment of rela relative currently o	shall has a nepotion atives under certa employed at Nema cation(s) of the pe	aha-Marshall Electric sm policy which may ain circumstances. If _ ha-Marshall, state the rson(s) to whom you			
contender (sentence, ar violations a	nvictions (as descr de convictions for w (no contest), paid nd/or were incarcera nd convictions that vardoned by a court	hich you pleaded on a fine, received a ted. Do not include have been annull	guilty or nolo I suspended - e minor traffic			
Will you relocate if re	equired?				Yes	☐ No
Will you work overting		Yes	No 🗍			

Employment History

Provide the employment information requested below, including experience in the U.S. Military Service. Begin with your present or most recent employment, if you are active in the job, leave the End Date blank.

Employer Name and Address:	Job Title:		
	Describe the work you did.		
100			
Name of Supervisor(s):Supervisor(s) Title:	From:/To:/ Month Year Month Year Reason for Leaving:		
Phone Number: ()			
Employer Name and Address:	Job Title:		
	Describe the work you did:		
Name of Supervisor(s);	From: / To: / Month Year Month Year		
Supervisor(s) Title:	Reason for Leaving:		
Phone Number: ()			
Employer Name and Address:	Job Title:		
	Describe the work you did:		
	From: / To: /		
Name of Supervisor(s):	Month Year Month Year		
upervisor(s) Title:	Secretary and the secretary an		
hone Number: ()			

Education and Training

Indicate all schools that you have attended. Completion of a formal education is a job-related requirement for some positions at Nemaha-Marshall Electric.

School Name	Location	Years Attended	Degree Received	Major			
Special Skills and Tr	aining						
Indicate any special skills	_	you have received.					
References							
List two personal refere	ences who are not rela	tives or former supervisors:					
Name		Telephone Number		Years Known			
Name		Telephone Number		Years Known			
Applicant Authoriza	ition						
		Read Carefully Before Sign	ing				
I certify that the facts	contained in this applic	ation and supporting documen	ts for employment at Nema	ha-Marshall Electric are			
		I understand that any misrepr					
will result in my disqualifi	cation as an applicant or	r immediate dismissal from any	y ensuing employment. I au	thorize investigation of			
all statements herein.							
		a copy thereof, the organizat					
		Marshall Electric shall be held e sources, even if the informati					
	·	yment application and suppor	·	• •			
_		I might receive, is intended t		_			
, , , , ,		ng employment have been mad	• •				
•		. If an employment relationship	•	•			
		reason or for no reason, and		_			
discontinuation of my employment subject only to the terms of a collective bargaining agreement, if one applies, and to the ful							

Signed ______(Failure to sign may invalidate your application.)

extent permitted by law.