

Minnesota Valley Electric Cooperative (MVEC) is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment. You will be considered for employment based upon your qualifications for the position for which you have applied. MVEC does not discriminate on the basis of race, color, creed, religion, national origin, sex, veteran status, marital status, age, status with regard to public assistance, disability, membership or activity in a local commission, or sexual orientation or any other class protected by local, state or federal law.

Position applied for:			
	Personal D	Pata	
Name:			
Address:			
Phone: (day)	(alternate)	Email:	

General Information

1. The Immigration Reform and Control Act of 1987 requires employers to hire only US citizens and lawfully authorized workers. Are you legally eligible for employment in the United States?

2. MVEC's bylaws prohibit hiring close relatives of directors. Are you related to any member of the Board?

For purposes of the Bylaws, a spouse is considered to be a close relative. Being the spouse of a director is not an absolute bar to employment. All of the relevant circumstances will be considered, including, but not limited to, whether the employment of the spouse of a director would result in a direct report relationship. Are you the spouse of any member of the Board of Directors?

Education

	High	School	Technica	al College	C	ollege	Gradua	ite School
Name of school & location (city & state)								
Years completed (circle)	9 10	11 12	1	2	1 2	3 4	1 2	3 4
Did you graduate? (circle)	Yes	No	Yes	No	Yes	No	Yes	No
Type of diploma, degree, or certificate								



Employment History; May we contact your present employer? Yes No (list most recent first)						
Employer Name	Telephone Number		Dates of Employment			
	()		From:	To:		
Address (City & State)		Name and title of supervisor				
Job title and a description of duties						
Reason for leaving						

Employer Name	Telephone Number		Dates of Employment		
	()		From:	To:	
Address (City & State)		Name and title of supe	supervisor		
Lob title and a description of dution					
Job title and a description of duties					
Reason for leaving					

Employer Name	Telephone Number		Dates of Employment		
	()		From:	To:	
Address (City & State)	& State)		Name and title of supervisor		
Job title and a description of duties					
Reason for leaving					

Employer Name	Telephone Number		Dates of Employment	
	()		From:	To:
Address (City & State)		Name and title of supe	ervisor	
Job title and a description of duties				
Reason for leaving				
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Other Job-Related Experience

Some people gain job-related experience in positions other than as an employee. Please list and describe paid or unpaid activities, honors, experience, or training that may aid you in performing the job for which you applied and have not listed previously. You may omit items that tend to identify your race, sex, national origin, age, disability, or other personal traits you prefer not to disclose.

References; list three individuals who are not relatives.

Name & address	Phone #	Email address	Occupation

Important! Please read carefully before signing.

By my signature, I promise the information provided in this employment application and accompanying resume, if any, is true and complete. I understand any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for dismissal from employment if discovered at a later date. I agree to immediately notify the company if I am arrested or convicted of a felony or any crime while my job application is pending and during my employment if hired.

I authorize any person, school, current employer, and except as previously noted, past employers, and organizations named in this application form and accompanying resume, if any, to provide the cooperative with relevant information and opinion that may be useful to the cooperative in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

I understand as a part of being considered for employment by the cooperative, a background check will be required, and I may be required to undergo a physical examination which will include urine and/or blood testing for drugs.

I understand this application does not by itself create a contract of employment. I understand and agree if hired I am free to resign at any time and the cooperative reserves the right to terminate my employment at any time, with or without cause or prior notice.

I understand this application will only be considered for the position for which I have applied. I must complete another application each time I apply for an available position.

I understand Minnesota Valley Electric Cooperative is a drug-free and smoke-free workplace.

Signed: _____

_ Date: _____

MVEC is an Equal Opportunity/Affirmative Action Employer 125 Minnesota Valley Electric Drive, Jordan MN 55352 | <u>www.mvec.net</u> | 952.492.2313 or 800.282.6832



Sex: Male _____ Female _____

Voluntary self-identification of race, ethnicity and gender

Minnesota Valley Electric Cooperative must provide statistical reports to government agencies to comply with equal employment opportunity recordkeeping and reporting requirements. The information requested below will be used solely for government reporting purposes. It will be held strictly confidential and will not be used as selection criteria. *Completion of this form is voluntary. Please sign below if you do not choose to self-identify.* Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) applicants are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Position applied for: _____

Name: _____

Race and Ethnic Group

- White, not of Hispanic origin; a person having origins in any of the original peoples of Europe, North America or Middle East
- Black, not of Hispanic origin; a person having origins in any of the black racial groups of Africa
- Asian or Pacific Islander, not of Hispanic origin; a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands, e.g., China, India, Japan, Korea, the Philippine Islands and Samoa
- American Indian or Alaskan Native; a person having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition
- Hispanic; a person of Mexican, Puerto Rican, Cuban, Central or South American or any Spanish culture or origins regardless of race

Veteran Status if applicable:

- Vietnam-Era Veteran; veteran who served on active duty in the military service of this country for more than 180 days, any time from August 5, 1964 to May 7, 1975, and who was discharged or released from military service with other than a dishonorable discharge.
- Special Disabled Veteran; veteran who has 30 percent or more disability and is entitled to disability compensation by the Veteran's Administration and who was released from active military service for a disability incurred or aggravated in the line of duty.
- Other Protected Veteran; person who served on active duty for which a campaign badge has been authorized
- Recently Separated Veteran; veteran who, while serving on active duty in the U.S. participated in a military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209)
- Armed Forces Service Medal Veterans; veteran who, while serving on active duty participated in a military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209)

Disability Status if applicable:

Do you consider yourself, or have you been determined to be, a disabled individual?	Yes	No
Referral Source (How did you find out about this job?)		
□ Newspaper		
MVEC employee		
www.mvec.net		
Signature:	_ Date:	
I do not wish to self-identify (signature):		