

Application for Employment

Oakdale Electric Cooperative (OEC) is an equal opportunity provider and employer.

No information provided here will be used in an unlawful manner.

Instructions:							
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Position A	pplied for:						
GENE	RAL IN	IFORMATIC	ON				
Last Name			First Name		Middle Name		
Mailing Add	ress			City		State	Zip Code
					T		
Home Phone Number			Cell Phone Number (Optional)		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 Oakdale Electric Cooperative.)					
☐ Yes	☐ No	Are you related by blood or marriage to any of the following persons: an employee of Oakdale Electric Cooperative; or a member of the Oakdale Electric Cooperative Board of Directors?					
		If the answer is "yes," state the name(s), relationship(s), and position(s) held by the 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 Oakdale Electric Cooperative? If yes, provide dates of employment.					

EMPLOYMENT HISTORY					
Provide your 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.					
Employer Name and Address:	Job Title:				
	Describe the work you did:				
Phone Number:					
Type of Business:					
Starting Salary:	From: (month/year)	To: (month/year)			
Ending Salary:	Reason for Leaving:	I			
Name of Supervisor:					
Supervisor's Phone Number:					
Employer Name and Address:	Job Title:				
	Describe the work you did:				
Phone Number:					
Type of Business:					
Starting Salary:	From: (month/year)	To: (month/year)			
Ending Salary:	Reason for Leaving:				
Name of Supervisor:					
Supervisor's Phone Number:					
Employer Name and Address:	Job Title:				
	Describe the work you did:				
Phone Number:					
Type of Business:					
Starting Salary:	From: (month/year)	To: (month/year)			
Ending Salary:	Reason for Leaving:				
Name of Supervisor:					
Supervisor's Phone Number:	_				
May we contact the employers listed above?	Yes No				
If no, indicate which employer(s) we should not contact:					

EDUCATION AND	TRAINING			
Indicate all schools that	you have attended.			
	High School	Vocational/Technical	College/University	Graduate School
School Name and Address				
Did you graduate?	Yes No	Yes No	Yes No	Yes No
Diploma/Degree and Year Graduated				
Major Course(s) of Study				
Other Post High School Courses Completed				
SPECIALIZED TRAIN special licenses (e.g. CI	NING OR SKILLS: List DL), etc., that you posses	personal computer training that pertain to the posit	ng, computer literacy, wel ion for which you are app	ding certification, llying.
OFDVIOR IN THE A	DMED FORCEO /	4' 1\		
Branch of Armed Forces:	ARMED FORCES (op	otionai)		
General Duties/Training:				
OTHER INFORMAT	TION			

APPLICANT AUTHORIZATION (Read carefully and initial each paragraph before signing.)				
	I certify that the facts contained in this application and/or resume for employme Cooperative are true and complete to the best of my knowledge. I understand falsifications, and/or deliberate omissions identified now or in the future may re-	that any misrepresentations,		
	I authorize investigation of all statements herein. I also authorize by my signat organizations and individuals referred to herein to furnish information to the Co any forum that the Cooperative is liable to me should it, in processing this empiriformation provided from these sources, even if the information provided is in	poperative. I may not assert in ployment application, rely on		
	I understand that as a part of being considered for employment by Oakdale Ele required to undergo a physical examination which will include urine testing for require testing for alcohol.)			
	Additionally, I understand that nothing contained in this employment application interview or in any policies, procedures or handbooks that I might receive, is in contract between Oakdale Electric Cooperative and myself. No promises regarded to me at this time, and I understand that no such promise or guarantee in the contract of th	ntended to create an employment rding employment have been		
Signed:		Date:		
In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related				



disability, or any other protected group status.

Oakdale Electric Cooperative

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