



# Application for Employment

The Victory Electric Cooperative Assn., Inc.  
PO Box 1335 or 3230 N 14th Ave. • Dodge City, KS 67801

The Victory Electric Cooperative Assn., Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status. This application for employment is good for 365 days only. Consideration for employment after one year requires a new application.

## **PERSONAL:**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip Code

Position Sought \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_ Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you over 18 years old? \_\_\_ Yes \_\_\_ No

Are you legally eligible for employment in the United States? \_\_\_ Yes \_\_\_ No  
(If offered employment, you will be required to provide documentation to verify eligibility.) \_\_\_ Yes \_\_\_ No

## **EDUCATION:**

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

### **High School:**

No. of Yrs Completed: \_\_\_\_\_ Diploma: \_\_\_ Yes \_\_\_ No G.E.D.: \_\_\_ Yes \_\_\_ No

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

### **College and/or Vocational School:**

No. of Years Completed: \_\_\_\_\_

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

**Other Training or Degrees:**

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degrees or Certificate Earned \_\_\_\_\_

**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of License(s) Held \_\_\_\_\_

State of Kansas License Number \_\_\_\_\_

License Expiration Date \_\_\_\_\_

Other Professional Memberships \_\_\_\_\_

*(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)*

**SKILLS:**

Data Entry: Excel \_\_\_\_\_ Other: \_\_\_\_\_

Word Processing: Microsoft Word \_\_\_\_\_ Other: \_\_\_\_\_

Other Software Skills \_\_\_\_\_

**EMPLOYMENT:**

List last employer first, including U.S. Military Service.

Have you ever been employed by Victory Electric? \_\_\_\_ Yes \_\_\_\_ No If so, give the date \_\_\_\_\_

Have you ever worked for another cooperative? \_\_\_\_ Yes \_\_\_\_ No  
If yes, where, how long and what position(s) did you hold?

\_\_\_\_\_

May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

If any employment was under a different name, indicate name \_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_ PT \_\_\_\_ No. of Hrs. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
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Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_ PT \_\_\_\_ No. of Hrs. \_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_ PT \_\_\_\_ No. of Hrs. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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*(If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.)*

Explain any gaps in work history: \_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged or asked to resign from a job? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **REFERENCES:**

### **Professional**

Name: \_\_\_\_\_ Company/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Company/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Personal**

Name: \_\_\_\_\_ Company/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Company/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## **APPLICANT'S CERTIFICATION AND AGREEMENT**

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

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview 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 at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

# **APPLICANT AFFIRMATION OF DRUG AND ALCOHOL TESTING POLICY**

## **STATEMENT OF POLICY**

The Victory Electric Cooperative Association, Inc., is committed to providing a safe, drug and alcohol free workplace for all company employees and the general public.

The Victory Electric Cooperative Association, Inc., is concerned with the safety and well being of its employees. The Victory Electric Cooperative Association, Inc., Drug and Alcohol Testing Program offers a helping hand to those who need it, while sending a clear message that drug or alcohol use **WILL NOT BE TOLERATED!**

It is the policy of The Victory Electric Cooperative Association, Inc., that all applicants, for safety sensitive positions, who receive a conditional offer of employment, submit to a drug test to document that they are drug-free. Refusal to comply with this requirement will be considered the equivalent of receiving a confirmed “positive” result for employment and disqualification purposes. Any applicant who receives a confirmed “positive” drug screen result will have the offer of employment withdrawn and will be subject to disqualification from employment. Applicant will be referred to a Substance Abuse Professional (SAP). If an applicant receives a verified positive drug test result and requests a retest of the split sample, applicant agrees to reimburse The Victory Electric Cooperative Association, Inc., for the cost of the retest \$150.00

## **AFFIRMATION OF POLICY**

As an applicant for a position I affirm that I have read and understand The Victory Electric Cooperative Association, Inc., Drug and Alcohol Testing Policy Statement of Policy noted above, and I am aware that any offer of employment is conditional upon my taking a drug test and the results thereof. If hired into a position for The Victory Electric Cooperative Association, Inc., I agree to abide by all provisions of the anti-drug policy, as a condition of my continued employment with the company.

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Applicant Name (Please Print)

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Applicant Signature

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Date

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The Victory Electric Cooperative Association, Inc., Representative

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Date