




New-Mac Electric Cooperative

Your Touchstone Energy® Partner 

P. O. Box 310
Neosho MO 64850
Phone: 417-451-1515

APPLICATION FOR EMPLOYMENT

The following information is requested to assist in making the best possible placement of employees within the company. Complete all portions of this application pertaining to you. We appreciate the time you spend completing this application. The employer, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, (including pregnancy, sexual orientation and gender identity) national origin, mental or physical disability, genetic information, veteran status or any other characteristic protected by law.

Name (Last, First, Middle)	Social Security Number
Email Address	Phone Number (Include Area Code)
Mailing Address	Alternate Phone Number (Include Area Code)
City	State/Zip
If hired, can you show proof of legal authorization to work in the United States? ____ Yes ____ No	Are you at least 18 years of age? ____ Yes ____ No
If under 18 years of age, can you produce a work permit upon hire? ____ Yes ____ No	If you are hired, when can you begin work? _____
Do you have any criminal convictions as an adult? (A conviction will not necessarily disqualify you from employment.) ____ Yes ____ No	Title of Position Applied For:
The hours for this job are regularly 8 a.m. until 5 p.m. Monday thru Friday. If hired, are you able to comply with this schedule? ____ Yes ____ No	
EDUCATION	
Are you a High School graduate or do you have an equivalency (GED) certificate? ____ Yes ____ No	
High School Attended (Name and Address)	
College Attended (Name and Address)	

EMPLOYMENT RECORD

Describe in detail all positions that you have had during the last ten years, starting with most recent employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Attach extra sheets if necessary.

Date Employed (Month and Year) From: _____ To: _____			Job Duties:
Job Title	Hours Worked/Week	Monthly Salary	
Employer			
Supervisor (Name and Title)		Phone No.	
Employer Address			
City, State and ZIP			
Reason for Leaving			
Date Employed (Month and Year) From: _____ To: _____			Job Duties:
Job Title	Hours Worked/Week	Monthly Salary	
Employer			
Supervisor (Name and Title)		Phone Number	
Employer Address			
City, State and ZIP			
Reason for Leaving			
Date Employed (Month and Year) From: _____ To: _____			Job Duties:
Job Title	Hours Worked/Week	Monthly Salary	
Employer			
Supervisor (Name and Title)		Phone Number	
Employer Address			
City, State and ZIP			
Reason for Leaving			
References: (Indicate ____ Personal ____ Business) Name:			References: (Indicate ____ Personal ____ Business) Name:
Phone No.:			Phone No.:
References: (Indicate ____ Personal ____ Business) Name:			References: (Indicate ____ Personal ____ Business) Name:
Phone No.:			Phone No.:

PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING.

I certify the information shown on this application is correct and complete to the best of my knowledge and that I have not knowingly withheld any fact or circumstance. I understand falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment if hired.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I understand, if hired, my status will be that of an employee at will, with no contractual right, express or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the opinion of either the employer or myself. I understand that no one, other than the Manager or his designee, of the Cooperative, may enter any agreement for the employment on my behalf or make any agreement contrary to the foregoing.

I understand, if hired, I may be required to undergo a physical examination and drug and alcohol screening. The examination and the test will be performed at the employer's expense, by the employer's choice of physician.

I authorize the employer to investigate, confirm and supplement any information contained on this application and contact former employers unless otherwise stated.

I agree to execute all necessary documents, releases, and waivers required by employer to conduct a background check of my qualifications and potential disqualifications for employment through agencies selected by employer. I affirmatively release and hold harmless all persons, agencies or entities that disclose information about me in the course of such investigation, including all claims of liability arising from the results of the use of the information that is disclosed.

Applicant Signature _____ Date _____