

SUN RIVER ELECTRIC COOPERATIVE, INC.

EMPLOYMENT APPLICATION

Name _____
Last First Middle

Mailing Address _____
Street or PO Box

City State Zip Code

Telephone Numbers _____
Work Home Cell

Email Address _____

What position are you applying for? _____

Will you accept: Full-time Part-time

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment with Sun River Electric; if hired, may be grounds for termination at a later date.

Do you want to be informed before we contact your present employer? Yes No

Signature

Date Signed

Return to: Sun River Electric Cooperative, Inc.
310 1st Avenue South
PO Box 309
Fairfield MT 59436-0309
406-467-2526

EDUCATION

High School

Name & Location	Dates Attended	Diploma/Certificate Received
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If no diploma or equivalency certificate received, enter highest grade completed _____

College, University, and Other Schools

Name & Location	Dates Attended	Degree/Certificate Received
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Training Courses

Name & Location	Dates Attended	Completed?	Title/Description of Course
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Professional Licenses, Registration, or Certifications

(Engineering, CPA, etc.)

Licensing Agency	Type of License	Restrictions?	Date Licensed
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Special Skills

(Computer skills, equipment operation, etc.)

EXPERIENCE

List your work experience with emphasis on experience that is relevant to the position for which you are applying. Begin with your present or most recent experience. Use additional pages as necessary.

Name of Employer _____	
Address _____	
Job Title _____	Dates Employed _____ to _____
Type of Business _____	Avg. Hours Per Week _____
Supervisor _____	Phone No. _____
Duties _____	
Reason for Leaving _____	

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Address _____	
Job Title _____	Dates Employed _____ to _____
Type of Business _____	Avg. Hours Per Week _____
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