

Employment Application



High Plains Power, Inc. places great emphasis on customer service, teamwork, problem solving, and innovation. We look for people who exemplify these qualities and are willing to work hard for our membership. *High Plains Power, Inc.* is an equal opportunity employer.

High Plains Power Inc. is a drug-free workplace. Pre-employment testing is required.

Applicant Name _____

Today's Date _____

Personal Information (Please Print Clearly)

Last Name	First Name	Middle Name
Mailing Address _____		
City	State	Zip Code
Previous address if less than 5 years at current address _____		

Home Phone	Work Phone	
Fax	E-Mail	

I understand that upon employment, proof of legal right to work in the United States and completion of I-9 form will be required.

Are you eligible to work for any United States employer at this time? Yes No

If you are under 18 years of age, do you have a work permit? Yes No

Have you ever been convicted of a felony? Yes No If yes explain _____

Do you have a valid driver's license? Yes No License # _____ Expires _____

Do you have a valid Commercial Driver's License (CDL)? Yes No License # _____ Expires _____

Can you travel if the position requires travel? Yes No

If you have ever worked under or earned degrees under another name, please list below:

Last Name	First Name	Middle Name
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Position Desired

Position Applied for _____

How did you learn of this vacancy? _____

Salary Desired (Annual) \$ _____ Date Available _____

Are you able to perform the essential job duties of this position? Yes No

If no, what accommodation would make it possible for you to perform this job? _____

Have you previously been employed by **High Plains Power, Inc.** or another electric cooperatives? Yes No

If yes, indicate position, department, and dates: _____

Do you have any relatives employed at **High Plains Power, Inc.**? Yes No

If Yes, who? _____

High Plains Power, Inc. is an equal opportunity employer and recruits, advertises, employs, promotes, transfers, disciplines, and discharges without regard to race, color, religion, national origin, age, sex, marital status, ancestry, physical or mental disability, or veteran status.

Previous Employer _____

Dates Employed—From _____ To _____
Month/Year Month/Year

Starting Salary _____ Ending Salary _____

Contact's Phone Number _____ Address _____

Supervisor's Name _____ Supervisor's Job Title _____

Your Job Title _____ Your Duties _____

Reason for leaving _____

Previous Employer: _____

Dates Employed—From _____ To _____
Month/Year Month/Year

Starting Salary _____ Ending Salary _____

Contact's Phone Number _____ Address _____

Supervisor's Name _____ Supervisor's Job Title _____

Your Job Title _____ Your Duties _____

Reason for leaving _____

Professional References (Please list only references that we may contact at this time)

Name	Title	Company	Phone Number
			Home
			Work
			Home
			Work
			Home
			Work

Affidavit

Nonbinding Application and Interview Process: I understand that this application will be reviewed, but nothing in this application or any other documents or in the employment evaluation process shall be construed as either an offer or contract of employment or an obligation on the part of *High Plains Power, Inc.* to provide any benefit to me.

Employment-At-Will: I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either *High Plains Power, Inc.* or myself.

I hereby declare that my statements on this application and on my resume or documents provided by me to *High Plains Power, Inc.* are true and correct to the best of my knowledge. I acknowledge and agree that providing any false information may result in a decision not to hire me, or if hired, may result in the termination of my employment. I also authorize investigation of these statements. This investigation may include employment history, reasons for leaving previous employers, criminal record, credit record, driving record, social security number investigation, and degree/certificate verification. I hereby release *High Plains Power, Inc.* from all liability for any damages resulting from the information obtained. This application shall be considered active for a period of time not to exceed 180 days.

APPLICANT'S SIGNATURE _____