



Lyon-Lincoln Electric
Cooperative, Inc.

Your Sustainable Energy Cooperative
The power of human connections

INSTRUCTIONS

Please read carefully before completing the application.

Lyon-Lincoln Electric Cooperative is an Equal Opportunity Employer. Our objective is to maintain a continuing policy of non-discrimination in employment. You will be considered for employment based upon your qualifications for the position for which you have applied.

1. You must apply for a current available position. The job title must be placed in "Position Applied For" area on the application.

2. Your application will be considered only for the position for which you apply, therefore you must:
 - ➔ **Complete another application each time you wish to apply for another available position.**

 - ➔ **Complete the entire application even if you have attached a resume.**

3. Sign and date the Authorization page.

If you have special needs requests or any questions, please contact the cooperative at (507) 247-5505.



Lyon-Lincoln Electric Cooperative, Inc.
Your Sustainable Energy Cooperative

Application For Employment

LYON-LINCOLN ELECTRIC COOPERATIVE, INC.

Address:
 P.O. Box 639, 205 W Highway 14
 Tyler, MN 56178

Phone: 507-247-5505
 Fax: 507-247-5508
 E-mail: email@llec.coop

Lyon-Lincoln Electric is an equal opportunity employer. No information provided here will be used in an unlawful manner.

GENERAL INFORMATION:

Position for which you are applying:

Last Name		First Name		Middle Initial
Mailing Address		City	State	Zip Code
Email Address		Home Phone	Cell Phone	

Best time to contact you at home: _____ May we contact you at work? 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 all positions at Lyon-Lincoln Electric.)
 Yes No

Are you related by blood or marriage to any of the following persons: an employee of Lyon-Lincoln or a member of the Lyon-Lincoln Board of Directors?

Yes No

If the answer is "yes", state the name(s), relationship(s), and position(s) held by the person(s) to whom you are related: _____

Do you have the legal right to work 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 Lyon-Lincoln?

Yes No

If yes, provide dates of employment.

Employment History

Begin with your current or most recent position and work backwards; attach additional pages 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:	
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 prior to making an offer of employment to you? Yes No
 If no, indicate which employer(s) we should **NOT** contact: _____

Other Knowledge, Skills, and Abilities

Summarize any other knowledge, skills, or qualifications that may be relevant to the position.

Education and Training

Do you possess a high school diploma or GED?

Yes No

EDUCATION

Name and Address of Post-Secondary School: _____

Number of Years Attended _____ Major _____ Minor _____

Did you graduate?

Yes No

Type of degree _____

Include Transcripts

Name and Address of Post-Secondary School: _____

Number of Years Attended _____ Major _____ Minor _____

Did you graduate?

Yes No

Type of degree _____

Include Transcripts

List all relevant licenses, certificates or registrations you possess (include expiration date, license number, and issuing state). Also identify any other educational experiences that may be relevant to the position for which you are applying.

Are you attending school or taking courses now?

Yes No

If yes, where? _____

List scholastic honors:

REFERENCES

Do not list previous employers or relatives. Include only individuals familiar with your work ability.

NAME	ADDRESS AND DAY TIME PHONE	OCCUPATION

AUTHORIZATION

Please read carefully and initial each paragraph before signing.

I certify that the facts contained in this application for employment at Lyon-Lincoln Electric Cooperative, Inc., are true and complete to the best of my knowledge. I understand that any misrepresentations, falsifications, or deliberate omissions will result in my immediate dismissal.

_____ Initial

I authorize investigation of all statements herein. I also authorize by my signature below or a copy thereof, the organizations and individuals referred to herein to furnish information to the Cooperative. The Cooperative shall be held harmless should it, in processing this employment application, rely on information provided from these sources, even if the information provided is inaccurate or erroneous.

_____ Initial

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures, or handbooks that I might receive, is intended to create an employment contract between Lyon-Lincoln Electric Cooperative, Inc., and myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Cooperative. If an employment relationship is established, I understand my employment is at-will. I understand that I have a right to terminate my employment at any time, for any reason or for no reason, and Lyon-Lincoln Electric Cooperative, Inc., retains a similar right to the full extent permitted by law.

_____ Initial

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime or a work schedule that includes Saturday and Sunday. I understand and accept these as conditions of employment, if hired.

_____ Initial

In the event that I am hired, I will abide by all of the Cooperative's rules, regulations, policies, and practices and understand that these may be changed from time to time at the discretion of the Cooperative.

_____ Initial

I understand that if offered employment by Lyon-Lincoln Electric Cooperative, Inc., I will be required to undergo a physical examination which will include drug screening.

_____ Initial

Signature

Date

RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY DRIVER / APPLICANT

Complete this page if you are a commercial driver's license holder only.

Date: _____

To be completed by driver / applicant.

During the past (2) years, have you **tested positive** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES NO

During the past (2) years, have you **refused to test** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES NO

If you answered yes to either of the questions above, please provide documentation of your successful completion of the return-to-duty process.

Dated this _____ day of _____, _____.

Name of Driver _____

Signature of Driver _____

Social Security Number _____ Witness _____

EQUAL EMPLOYMENT OPPORTUNITY & AFFIRMATIVE ACTION STATISTICS

COMPLETION IS VOLUNTARY

Position Applied for: _____

Name: _____

Date of Application: _____

The information below is required by state and federal regulations for statistical and affirmative action purposes and in no way influences employment prospects. This page is separated from your application immediately. The information is maintained confidentially. Your responses are voluntary.

IDENTIFICATION OF SEX

Male

Female

INDICATE THE APPROPRIATE RACE / ETHNIC GROUP

Are you Hispanic or Latino?

Yes

No

(A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.)

If No, Check Only One:

- White (Not Hispanic or Latino)**- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or more Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

REFERRAL SOURCE

- State Career Center
- Newspaper Ad (specify newspaper) _____
- Other Publication (specify) _____
- School/College/University (specify) _____
- Internet: ER Website _____ Other (specify) _____
- Private Employment Agency
- Current Lyon-Lincoln Employee (specify) _____
- Social/Community Organization (specify) _____
- Self Referral: Walk-in, Write-in, Phone-in
- Other (specify) _____

Signature _____

Date _____