PLEASE READ BEFORE COMPLETING THE APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with Black Hills Electric Cooperative.

Black Hills Electric Cooperative, Inc. is an Equal Opportunity Employer. Our objective is to maintain a continuing policy of equal employment opportunity. You will be considered for employment based upon your qualifications for the position for which you have applied.

- ♦ You must apply for a current available position. The job title must be placed in "Position Applied For" line on the application.
- ♦ 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 position.
- ♦ You must complete the entire application, even if you have submitted/attached a resume.
- ♦ You must sign and date on page four of the application.
- ♦ All applications must be received by the posted closing date.
- Black Hills Electric Cooperative, Inc. will hold all applications submitted for a specific position for six months. You may be contacted if a similar position comes open.

After the closing date, all applications will be reviewed. You will be contacted by telephone or letter regarding the outcome of the evaluations.

If you have any questions, please contact the Office Manager at 605-673-4461 or 1-800-742-0085.



Black Hills Electric Cooperative, Inc.

P.O. Box 792 - Custer, SD 57730-0792 Telephone: (605) 673-4461 Toll Free: (800) 742-0085

APPLICATION FOR EMPLOYMENT

We ARE an Equal Opportunity Employer

EDUCATION							
High School - Circle highest grade completed 9 10 11 12 Graduated? Yes [] No []							
College/Trade School - Years of study Degree Reached							
Course of Study/Trade							
Other training							
PREVIOUS EMPLOYMENT EXPERIENCE							
Most Recent:							
	Supervisor	Pay Rate	per				
		mber					
	·		_				
		Reason for leaving					
======================================							
Position	Supervisor	Pay Rate					
Employer Name, Address and Telephone Number							
Dates Worked From	To	Reason for leaving					
Specific work performed							
Position	Supervisor	Pay Rate					
Employer Name, Address and Telephone Number							
Dates Worked From	To	Reason for leaving					
Specific work performed							

PERSONAL REFERENCES
Give the name, address, and telephone number of three personal references. They should <u>not</u> be related to you and should <u>not</u> be previous employers.
1.)
2.)
3.)
DRIVING INFORMATION
Your current Drivers License is what class? Endorsements? From what state?
Has your Drivers License ever been revoked? Yes [] No []
If yes, why?
Are you 18 years of age or older? Yes [] No []
FELONY CONVICTION
Have you been convicted of a felony within the last 7 years? Yes [] No [] (The existence of a record of convictions for criminal offenses is not considered automatic bar to employment.)
If yes, please explain
A DDI ICANITIC CTATEMENT
APPLICANT'S STATEMENT
The facts set forth above are true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior work record. I understand that employment is contingent upon this investigation and, if employed, false statements in this application shall be considered sufficient cause for dismissal. I understand that this application is not a contract of employment and that the employment relationship between myself and Black Hills Electric Cooperative, Inc., is terminable-at-will. Any changes in this employment relationship must be made in writing.
I understand that any offer of employment is conditional upon a satisfactory health evaluation by a doctor selected by Black Hills Electric Cooperative, Inc., to determine whether I can perform the job duties. I specifically authorize, as a part of the physical examination, a test for drugs and other controlled substances.

Signature of Applicant _____ Date ____

FOR EMPLOYER'S USE ONLY

REFERENCE CHECK							
1)	Name	Date		Comments			
2)	Name	Date		Comments			
3)	Name	Date		Comments			
4)	Name	Date		Comments			
5)		Date			_		
6)	Name	Date		Comments			
		ACTION T	AKEN				
No A	Action Taken _	Interview	Contacted				
		IF INTERVI	EWED				
Interviewer(s)			Date	Time			
Con	nments						
Posi	tion Offered	Position Ac	cepted	Date			