



DAKOTA ENERGY
COOPERATIVE, INC.
"Service for your way of life"

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Huron, SD 57350
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dakotaenergy@dakotaenergy.coop
Website: www.dakotaenergy.coop

Employment Application

Notice to Any Person Seeking Employment With Dakota Energy Cooperative, Inc.

- Those applicants requiring reasonable accommodations to the applications and/or interview process should notify a representative of DEC, Inc. (hereinafter referred to as "DEC").
- Unsolicited applications and resumes are not kept on file.

DEC 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. Dakota Energy is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Position being applied for _____ Date of application ____/____/____

Name _____
LAST FIRST MIDDLE

Name _____
LAST FIRST MIDDLE

Address _____ Social Security # _____
STREET

_____ E-mail address _____
CITY STATE ZIP CODE

Telephone # (_____) _____ Mobile/Beeper/Other Phone # (_____) _____

If necessary, best time to call you at home is _____:_____ AM
PM

Are you employed now? Yes No

If yes, may we contact you at work? Yes No

If yes, work number and best time to call (_____) _____:_____ AM
PM

Are you over 18 years of age? Yes No

If under 18, can you get a work permit? Yes No N/A

Are you legally eligible for employment in this country? Yes No

Have you filed an application here before? Yes No

List positions previously applied for _____

Have you ever been employed by DEC or another electric cooperative before? Yes No

If yes, indicate position, department and dates: _____

Have you ever been convicted or pleaded guilty or nolo contendere to a felony? Yes No

Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.

If yes, please provide date(s) and details _____

Are you related to any employee of the Cooperative or member of the DEC Board of Directors? Yes No

If yes, give name, position, and relationship: _____

Date available for work ____/____/____ Type of employment desired Full-time Part-time Temporary

Will you travel if job requires it? Yes No

Will you relocate if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime (more than 40 hours in a week)? Yes No

Education

High School City/State	Circle grade completed 9 10 11 12	Did you graduate? Yes No
College/Technical School/Other City/State	# of Years	Course of Study
Other job-related educational institutions, licenses, certifications, etc		

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheet if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE # ()	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM TO	
ADDRESS			
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATES/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING		HOURLY RATES/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE? YES NO LATER		\$ PER	
EMPLOYER	TELEPHONE # ()	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM TO	
ADDRESS			
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATES/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING		HOURLY RATES/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE? YES NO LATER		\$ PER	
EMPLOYER	TELEPHONE # ()	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATES/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING		HOURLY RATES/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE? YES NO LATER		\$ PER	

EMPLOYER	TELEPHONE # ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATES/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATES/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE?	YES NO LATER	\$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____



Do you have a current driver's license? Yes No
 If No, are you able to obtain a driver's license? Yes No

Do you have a current CDL license? Yes No
 If No, are you able to obtain a CDL license? Yes No

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying for.

Summarize your computer/technology skills including software programs, hardware, and operating systems.

What equipment do you operate efficiently?

List name and telephone number of three business/work references that are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

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 DEC to provide any benefit to me. In addition, I understand and agree that if DEC employs me, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, with or without cause, subject to local, state and federal laws. I understand that only DEC is authorized to change the at-will employment status and such a change can only be done in writing.

I certify that I personally completed this Application. I declare that the information provided in this Employment Application is true and complete, and I understand that all false information or significant omissions may disqualify me from further consideration for employment and may result in my immediate discharge from employment if discovered at a later date. I agree to immediately notify DEC if I should plead guilty or be convicted of a crime while my job application is pending or during my employment, if hired.

DEC is an equal employment opportunity employer and shall not discriminate against any employee or prospective employee on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap or veteran status. Any qualified prospective employee shall be afforded an opportunity for employment as long as he or she can perform the essential job functions of the prospective job with or without reasonable accommodation; however, such accommodation shall not cause an undue hardship on DEC. I understand I am required to submit to a post-offer, pre-hire physical examination and hearing examination in order for DEC to determine my physical ability to perform the job.

I hereby authorize DEC to (1) investigate the truthfulness of all my statement made on my application or resume, or verbal statements made by me in the interview process; (2) conduct any verification of my education, employment, personal, credit, and motor vehicle records, and to receive criminal history reports regarding me; and (3) disclose verbally or in writing the results of any investigation with any authorized employees or agents of DEC involved in the hiring process.

I understand my employment is contingent upon the results of a drug screen for illegal drugs. A confirmed positive screen will result in my disqualification from employment.

I authorize and consent to my references, employers and/or employer representatives, public agencies, licensing authorities, and educational institutions and persons or organizations named in this application and/or accompanying resume to release any information to DEC that may be required to make an employment decision. I hereby release them from all liability for divulging the same.

I have read and understand this Authorization and Consent. The original or copy of this document shall serve as my valid authorization to any and all references, agencies, organization, and institutions for whom I have authorized DEC to contact for the purpose of releasing information to DEC. I hold harmless all such persons, institutions, agencies, employers, and organization providing such information from liability and any or all claims or damages connected with providing any requested information.

I further agree to indemnify, discharge and forever hold harmless DEC, its directors, officers or employees from any and all damages, claims, losses, liabilities, costs and expenses (including, but not limited to attorney's fees) incurred as a direct or indirect result of any lawsuit or administrative proceeding brought against DEC, related directly or indirectly to this disclosure of any such information or to such investigation.

I understand my employment is not guaranteed for any term, and my employment may be terminated by DEC or myself at any time and for any reason. No manager, supervisor or representative of DEC is authorized to make an oral or written assurance or promise of continued employment.

Do not sign until you have read the above APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____/____/____

SELF-IDENTIFICATION

DEC is an equal opportunity employer. All applicants are considered without regard to race, color, religion, gender, sexual orientation, marital status, age, national origin, military status, veteran status, disability or any status that is protected by state or federal law. DEC by virtue of its federal contracts is subject to the equal employment opportunity and affirmative action obligations of Executive Order 11246, as amended, and it's implementing regulations which require the Cooperative to conduct statistical analyses using data on the race and sex of applicants for employment, to be included in its Affirmative Action Program for Minorities and Women. Additionally, the Cooperative is required to submit this information to the U.S. Department of Labor's Office of Federal Contract Compliance Programs upon request.



Application Date: _____ Name: _____

Position Applied for (must be specific): _____

Are you a: New Applicant _____ Internal Applicant _____

Referral Source:

- _____ Employment Security Agency (Career Center)
- _____ Walk-in
- _____ Vocational Rehabilitation Service
- _____ Educational/Technical Institution
- _____ Personnel Agency
- _____ Executive Recruiter
- _____ Newspaper/Journal Ad
- _____ Internal Posting
- _____ Website
- _____ Other

PART I – SEX, RACE AND ETHNICITY

The following designations are those currently required by the Federal government.

CHECK ONE ONLY MALE FEMALE

ARE YOU HISPANIC OR LATINO? NO YES (*proceed to part II*)

IF NO CHECK ONE ONLY

- 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, includes Jamaican and West Indian.*)
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) (*A person having origins in any of the 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 America and South America (including Central America) and who maintain 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.*)

SEE REAR OF FORM TO COMPLETE PART II AND PART III

<input type="checkbox"/>	Veteran of the Vietnam Era <i>This term means a person who served on active duty for 180 days or more, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such duty occurred: a) in the Republic of Vietnam between 2/28/61 and 5/7/75 or b) between 8/5/64 and 5/7/75 in all other cases or c) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed in the place/periods described in a) and b) above</i>
<input type="checkbox"/>	Disabled Veteran <i>This term means a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap, or a person who was discharged or released from active duty because of a service-connected disability.)</i>
<input type="checkbox"/>	Other Veteran <i>This term means a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized</i>
<input type="checkbox"/>	Recently Separated Veteran <i>This term means a veteran who was discharged (other than dishonorably discharged) from active duty in the armed forces within the last three years.</i>
<input type="checkbox"/>	A recipient of the <u>Armed Forces Services Medal</u> .

CHECK ONE ONLY	<input type="checkbox"/> NO	<input type="checkbox"/> YES
<p><i>Any individual who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment. ("Substantially limited" means an impairment that is "likely" to cause you to experience difficulty in securing, retaining or advancing in employment.)</i></p> <p><i>All job qualification requirements must be job related and all information obtained from medical examinations and pre-employment inquiries will be used in accordance with job related standards. "Substantially limited" is added to clarify the meaning of that phrase for the purposes of these regulations. A definition of a qualified disabled individual is provided to assure that persons who are protected under the Act are those qualified to work rather than those who qualify solely to meet the definition of disabled. All physical and mental qualifications must be justified for the particular job for which the disabled person is being considered.</i></p>		

Thank You