



Mor-Gran-Sou Electric Cooperative

P.O. Box 297 • Flasher, ND 58535-0297
(701) 597-3301 or 1-800-750-8212

An Equal Employment Opportunity Employer

APPLICANT INSTRUCTIONS

If you need help completing this application form or for any phase of the employment process, please notify hr@morgransou.com and every effort will be made to accommodate your needs.

Your application will not be considered if incomplete.

GENERAL

Name: (last, first, middle initial)

Present Address (street, city, state, zip):

E-mail address:

Home Phone:

Cell phone:

Business phone:

Position for which you are applying:

Starting salary required:

\$ _____ per

Are you interested in:

Full-time employment or Part-time employment

If accepted, when can you start?

Are you related to a Mor-Gran-Sou director or employee?

No Yes If so, list names and relationships:

By who were you referred?

Are you at least 18 years of age?

Yes No

The Cooperative will hire only U.S. citizens and aliens lawfully authorized to work in the U.S.

Are you a U.S. citizen? Yes No

If not a U.S. citizen, are you lawfully authorized to work in the U.S.? Yes No

Have you been convicted of a felony or drug-related offense within the last 7 years? Yes No

(This information will be reviewed for job relatedness and will not necessarily disqualify an applicant from employment.)

If yes, please explain:

Have you been given a job-opening announcement that states the essential requirements of the position, or have the essential requirements been explained to you? Yes No

Are you capable of performing, with or without reasonable accommodation, the essential functions of the job for which you have applied? Yes No

EMPLOYMENT

List below all present and past employment, beginning with your most recent, including military service. If more than 3 past employers, please continue on an additional sheet.

1. Company name and address:

Title:	Phone No:	Type of Business:
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Duties:

Starting salary: \$	Ending salary: \$	From (month/year):	To (month/year):
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Name of supervisor(s):	Reason for leaving:
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2. Company name and address:

Title:	Phone No:	Type of Business:
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Duties:

Starting salary: \$	Ending salary: \$	From (month/year):	To (month/year):
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Name of supervisor(s):	Reason for leaving:
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3. Company name and address:

Title:	Phone No:	Type of Business:
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Duties:

Starting salary: \$	Ending salary: \$	From (month/year):	To (month/year):
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Name of supervisor(s):	Reason for leaving:
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May we contact employers listed above? [] Yes [] No

If not, indicate which one(s) you do not wish us to contact: _____

EDUCATION

If your school records are under a different name, please enter that name:

High School (name and address):

Years completed:	Did you graduate? [] Yes [] No
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College (name and address):

Years completed:	Did you graduate? [] Yes [] No	List diploma or degree:
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Course of study (major/minor):

Other (name and address):

Years completed:	Did you graduate? [] Yes [] No	List diploma or degree:
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Are you attending school or taking courses now? [] Yes [] No
If yes, where?

List scholastic honors:

SKILLS & ABILITIES

If applicable to the position for which you are applying, indicate your skills and abilities in the following areas:

Do you have an appropriate valid driver's license? [] Yes License #: _____ [] No

Do you have a Commercial Driver's License? [] Yes License #: _____ [] No
Class _____ Endorsements/Restrictions _____

Can you travel if the position requires travel? [] Yes [] No

Do you speak a second language? [] Yes [] No Specify: _____

List specific software experience:

List any additional skills:

Equipment operated (bucket truck, trencher, etc.):

PROFESSIONAL REFERENCES

Do not refer to relatives. Include only individuals familiar with your work ability.

NAME	ADDRESS (street, city, state, zip, phone number)	YEARS KNOWN	OCCUPATION
1.			
2.			
3.			

Submit this Job Application and all supporting documentation to hr@morgransou.com

**The completed form must be e-mailed or submitted online.
No paper or mail applications will be accepted.**

REMARKS

Please add any statements which you feel may help to clarify answers to the questions in this application. Also, you may add job-related volunteer activities or knowledge, skills and abilities as they relate to the job for which you are applying. (You may exclude information which would reveal race, religion, age, disability or other protected status.)

PLEASE READ CAREFULLY

I certify that the facts contained in this application are true and complete. I understand that falsified statements on this application shall be considered cause for discharge.

I understand that any offer of employment made by Mor-Gran-Sou is contingent upon the satisfactory results of a medical examination and a drug screen.

I agree to conform to the rules, regulations and policies of the Cooperative and acknowledge that these rules, regulations, policies and any other terms and conditions, including benefits, may be changed by the Cooperative at any time and without prior notice to me, except as provided in any union contract applicable to my employment. I further acknowledge and agree that my employment may be terminated, with or without prior notice, at any time, at the will of the Cooperative or me, with or without cause except as provided in any union contract applicable to my employment.

No representative or employee of the Cooperative, with the exception of the CEO/General Manager, has the authority to enter into any contract or agreement to the contrary, and then only if such commitment is in a written document signed by the CEO/General Manager and either the employee or any union representing the employee.

This application will be maintained in the Cooperative's active files for six months only, unless renewed.

I acknowledge that I have read and understand these terms.

If signed electronically, it is my intention that the marks made herein constitute my signature for purposes of this Application.

Date:

Signature:

ADDITIONAL INFORMATION

To assist Mor-Gran-Sou in monitoring affirmative action programs and to aid in complying with required governmental record keeping, we would like you to complete the information below. This information will be kept separate from our application files and will not be used in the selection process. It is strictly voluntary.

Name (last, first, middle):

Social Security No:

Present Address (street, city, state, zip):

Street:

City:

State:

Zip:

Home phone:

Business phone:

Gender:

Male Female

Ethnic group/race:

American Indian/Alaskan Native

Asian

Black

Hispanic/Latino

Native Hawaiian/Other Pacific Islander

White

Today's date (month, day, year):

By who were you referred?

Signature: _____

If signed electronically, it is my intention that the marks made herein constitute my signature for purposes of this Application.

FOR OFFICE USE ONLY

Position desired: