



# 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](mailto: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

**College** (name and address):

Years completed:

Did you graduate?  
 Yes  No

List diploma or degree:

Course of study (major/minor):

**Other** (name and address):

Years completed:

Did you graduate?  
 Yes  No

List diploma or degree:

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.):

\_\_\_\_\_

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**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](mailto:hr@morgransou.com)  
Mor-Gran-Sou Electric Cooperative, Inc.



**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: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Position desired: