



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 M/F/D/V"

APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify us and every effort will be made to accommodate your needs.

Your application will not be considered if incomplete.

Read and sign page 5 of this application.

GENERAL

Name: (last, first, middle initial)

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

E-mail address:

Social Security No:

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 whom 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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College (name and address:)

Years completed:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	List diploma or degree:
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Course of study (major/minor):

Other (name and address:)

Years completed:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> 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 No

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

List specific software experience:

List any additional skills:

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

PERSONAL REFERENCES			
Do not refer to previous employers or relatives. Include only individuals familiar with your work ability.			
NAME	ADDRESS (street, city, state, zip, phone number)	YEARS KNOWN	OCCUPATION
1.			
2.			
3.			

Send this Job Application and all supporting documentation to:

Mor-Gran-Sou Electric Cooperative, Inc.
 Attn: Cindy Ternes
 P. O. Box 297
 Flasher, ND 58535-0297

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 whom were you referred?

Signature: _____

FOR OFFICE USE ONLY

Position desired: