

PO Box 6, Hwy 5 West Columbus, ND 58727 Phone: 701.939.6671 - Fax: 701.939.6666 - Toll Free: 800.472.2983

Thank you for your interest in employment with Burke-Divide Electric. When this completed application is returned, it will be held on file for six months and reviewed as job vacancies occur. This form was designed for persons applying for various types of positions. Some questions may not completely apply to your situation, but we ask that you answer the questions to the best of your ability.

Employment Application

Applicant Information										
Full Name:			Date:							
Last	Firs	st								
Address:			Apartment/Unit #							
City		E 11411	State ZIP Code							
Phone: ()E-mail Address:										
Date Available:	Social Security No.:		Desired Salary: <u>\$</u>							
Position Applied for:										
Are you eligible to work in	YES	NO Proof of citizenshi	ip or immigration status will be required.							
	Y <u>ES</u>	NO	p of infinitigration status will be required.							
Have you ever worked fo	r this company?	If so, when?	If so, when?							
Do you have any relatives employed by YES BDEC, or on the Board of Directors?		NO If yes, please list	If yes, please list name and relationship of each relative:							
BDEC, or on the Board of Directors?										
Have you ever been convicted of a felony? YES		NO If yes, explain:	If yes, explain:							
		Education								
TYPE OF SCHOOL	NAME, CITY, STATE	DIPLOMA/DEGREE	MAJOR/PROGRAM							
HIGH SCHOOL			N/A							
COLLEGE OR										
UNIVERSITY										
OTHER SCHOOL OR TRAINING										
ORGANIZATION										
			· · · · · · · · · · · · · · · · · · ·							
		References								

Please list three professional references.				
Full Name:	Relationship:			
Company:		Phone:	()
Address:				
Full Name:				
Company:		Phone:	()
Address:				
Full Name:				
Company:		Phone:	()
Address:				

Previous Employment									
Company:		Phone:	()					
Address:									
Job Title:	Starting Salary: _\$			Ending Salary:	\$				
Responsibilities:									
From: To: R		NO.							
May we contact your previous supervisor for a re	YES								
Company:		Phone:	()					
Address:		Supe	ervisor:						
Job Title:	Starting Salary:			Ending Salary:	\$				
Responsibilities:									
From: To: R		NO							
May we contact your previous supervisor for a reference?									
Company:		Phone:	()					
Address:		Supe	ervisor:						
Job Title:	Starting Salary:			Ending Salary:	\$				
Responsibilities:									
From: To: R									
May we contact your previous supervisor for a reference?									
Military Service									
Branch:		Fro	m:	То:					
Rank at Discharge:	Type of	Discharge	:						
If other than honorable, explain:									

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Burke-Divide Electric Cooperative, Inc. is an Equal Opportunity Employer and prohibits discrimination based on race, color, religion, sex, national origin, age, disability or genetic information.

Burke-Divide Electric Cooperative, Inc. is a smoke-free workplace per N.D.C.C 23-12-9 to 23-12-11.

Signature: