



# APPLICATION FOR EMPLOYMENT

MOUNTRAIL-WILLIAMS ELECTRIC COOPERATIVE

**Williston Office**  
P.O. Box 1346  
Williston, ND 58802  
701-577-3765

**Stanley Office**  
P.O. Box 129  
Stanley, ND 58784  
701-628-2242

**New Town Office**  
P.O. Box 59  
New Town, ND 58763  
701-627-3550

"An Equal Employment Opportunity Employer M/F/H/V"

## GENERAL

Name (Last, First, Middle Initial):

\_\_\_\_\_

Present Address (Street, City, State, Zip):

\_\_\_\_\_

\_\_\_\_\_

Telephone No.:

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Desired:

\_\_\_\_\_

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 Mountrail-Williams Director or Employee?  Yes  No

What relationship?

\_\_\_\_\_

Give Names of Relatives or Friends Employed by this Company: \_\_\_\_\_

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

## SKILLS

Indicate your skills and abilities in the following areas, if applicable to the position in which you are applying:

Typing \_\_\_\_\_ words a minute

Shorthand \_\_\_\_\_ words a minute

Equipment Operated (Word processing, Computer, Line Equipment, etc):

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT

List below all present and past employment, beginning with you most recent.

Company Name, Address and Phone No.:

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Title and description of the work you did:

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Type of Business:

Starting Salary:

\$ \_\_\_\_\_

Ending Salary:

\$ \_\_\_\_\_

From (Month/Year):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

To (Month/Year):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Supervisor(s)

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Reason for Leaving:

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Company Name, Address and Phone No.:

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Title and description of the work you did:

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Type of Business:

Starting Salary:

\$ \_\_\_\_\_

Ending Salary:

\$ \_\_\_\_\_

From (Month/Year):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

To (Month/Year):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Supervisor(s)

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Reason for Leaving:

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Company Name, Address and Phone No.:

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Title and description of the work you did:

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Type of Business:

Starting Salary:

\$ \_\_\_\_\_

Ending Salary:

\$ \_\_\_\_\_

From (Month/Year):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

To (Month/Year):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Supervisor(s)

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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:

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## EDUCATION

High School (Name and Address)

\_\_\_\_\_

College (Name and Address)

\_\_\_\_\_

Course of Study (Major/Minor):

\_\_\_\_\_

College (Name and Address)

\_\_\_\_\_

Course of Study (Major/Minor):

\_\_\_\_\_

Other (Name and Address)

\_\_\_\_\_

Are you attending school or taking courses right now?

Yes  No

Where?

\_\_\_\_\_

Years Completed: \_\_\_\_\_

Did you Graduate?  Yes  No

Years Completed: \_\_\_\_\_

Did you Graduate?  Yes  No

List Diploma or Degree:

\_\_\_\_\_

Years Completed: \_\_\_\_\_

Did you Graduate?  Yes  No

List Diploma or Degree:

\_\_\_\_\_

Years Completed: \_\_\_\_\_

Did you Graduate?  Yes  No

List Scholastic Honors:

\_\_\_\_\_

## SERVICE IN THE ARMED FORCES

From (Month/Year): To (Month/Year):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_/\_\_\_\_/\_\_\_\_\_

General Duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERSONAL REFERENCES

Do not refer to previous employers or relatives.

Name:

Address (Street, City, State, Zip):

Years Known:

Occupation:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



## ADDITIONAL INFORMATION

Mountrail-Williams Electric Cooperative is an Equal Employment Opportunity Employer and is required by law to keep certain records. Therefore, Mountrail-Williams Electric would like you to complete the information below. This information will be kept separate from our application files and used for recordkeeping purposes only. It is strictly voluntary. If you do not provide the information, it WILL NOT adversely affect your application.

Name (Last, First, Middle Initial):

Social Security No.:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Present Address (Street, City, State, Zip):

\_\_\_\_\_

Home Phone:

Office Phone:

Sex:

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Male  Female

Ethnic Group/Race:

Caucasian/White (0)

Black (1)

Asian/Pacific Islander (2)

American Indian (3)

Hispanic (4)

TODAY'S DATE (Month, Day, Year):

BY WHOM WERE YOU REFERRED:

Mountrail-Williams Cooperative is a GOVERNMENT CONTRACTOR SUBJECT TO Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 and Section 503 of the Rehabilitation Act of 1973 which requires contractors to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam Era and disabled individuals. If you have such a disability or are a disabled veteran covered by this program and would like to be considered under the affirmative action program, please tell us. Submission of this information is voluntary and refusal to provide it will not subject you to discharge of disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans or disabled individuals, and regarding necessary accommodation, (ii) first aid and safety personnel may be informed when and to what extent appropriate, if the condition might require emergency treatment, and (iii) government officials investigating compliance with the Act shall be informed.

In order to assure proper placement of all employees, we do request that you answer the following question: If you have a disability which might affect your performance or create a hazard to yourself or others in connection with the job for which you are applying, please state the following: the skills and procedures you use or intend to use to perform the job notwithstanding the disability. If you are disabled, it would assist us if you tell us about any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your disability, so that you will be considered for any positions of that kind. If you have a disability state the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations.

If you wish to be identified, please indicate below.

Disabled

Disabled Veteran

Vietnam Era Veteran

What do you perceive your disability to be?

\_\_\_\_\_

Signature:

\_\_\_\_\_

## FOR OFFICE USE ONLY

Job Group:

EEO Category:

Position Desired:

\_\_\_\_\_

Education:

Experience:

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