



# 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

**Mountrail-Williams Electric Cooperative is an Equal Opportunity Employer and hereby provides notice of its compliance with 41 C.F.R. 60-1.4, 41 C.F.R. 60-250.5 and 41 C.F.R. 60-741.5, which are hereby incorporated by reference.**

## 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:

\_\_\_\_\_

How did you learn about this opportunity?

\_\_\_\_\_

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:

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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:

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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:

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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:

If more than 3 past employers, list them on the backside of the application or attach an additional sheet.

## 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:

\_\_\_\_\_

## PERSONAL REFERENCES

Do not refer to previous employers or relatives.

Name:

Address (Street, City, State, Zip):

Years Known:

Occupation:

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

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

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



**JOB APPLICANT SELF-IDENTIFICATION OF RACE/ETHNICITY AND SEX**

We are an equal opportunity and affirmative action government contractor. In compliance with government regulations, we are required to record numbers of job applicants by sex, and ethnic category. We ask that you indicate your race or ethnicity and sex. **DO NOT WRITE YOUR NAME.** This information will NOT be kept with your application and will be used only in accordance with federal and state regulations.

YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Your application for employment will be considered in the same manner whether or not you fill out this form.

**I IDENTIFY MYSELF AS:**

**CHECK ONE:**

Male  Female

**CHECK ONE:**

Hispanic or Latino  
 Not Hispanic or Latino

**CHECK ONE:**

**(Only if Not Hispanic)**

- American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America (including South America) and who maintain tribal affiliation or community attachment.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races** – All persons who identify with more than one of the above races.
- I prefer not to answer.

Job Title(s) Applied for:

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Date of Job Application:

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If you have any questions about the government requirements or this request, please contact our Human Resources Department at \_\_\_\_\_.

This completed form should be returned to: \_\_\_\_\_