

**LOUP RIVER PUBLIC POWER DISTRICT
EMPLOYMENT APPLICATION**

PERSONAL DATA	Last Name		First Name		Middle Name		Street Address		City		State		Zip Code		AN EQUAL OPPORTUNITY EMPLOYER			
	Phone Number (Area Code)			Email address			Are you legally eligible for employment in the United States? (If offered employment, you will be required to provide documentation to verify eligibility)					If applied with Loup Power District before, state date and position:						
							Yes No											
	If employed by Loup before give Employee No.					Dates From		To		Job Title								
	Department			Reason(s) for leaving														
	Do you have a valid Driver's License? Yes No			State Issued			D.L. Number			Expiration Date:								
JOB INTEREST	Give names of any relatives employed by Loup Power District and the relationship																	
	Are you willing to work				Weekends or Holidays?				Shifts and Rotating Shifts				Employment Desired (check one)					
	Nights		<input type="checkbox"/> Yes <input type="checkbox"/> No		Yes		No		Yes		No		Regular		Part-time		Temporary	
	Overtime		<input type="checkbox"/> Yes <input type="checkbox"/> No		Comments				Comments				Comments					
	Type of work desired:														Date Available for Work			
	Clerical Mechanical Technical Other Indoor Outdoor Either																	
Position(s) applying for?																		
Position 1 - Title _____ Salary Anticipated: _____																		
Position 2 - Title: _____ Salary Anticipated: _____																		
Position 3 - Title: _____ Salary Anticipated: _____																		
EDUCATION AND SKILLS	Name of Grade School				City		State		Years Completed									
	Name of High School				City		State		Graduate		9 10 11 12		Major and Minor Subjects					
	Name of College/University				City		State		Degree-Cert.		1 2 3 4		Major and Minor Subjects					
	Name of College/Graduate School				City		State		Degree-Cert.		1 2 3 4		Major and Minor Subjects					
	Apprentice, Business or Vocational School, other Training or Skills (Factory or Office Machines Operated, Special Courses, etc.)										Education in Process?							
											Yes No							
										Expected Completion Date?								
List any activities, offices held, scholarships, honors, etc. (Omit organizations whose names indicate the race, creed, or national origin of their members)										List any additional skills, training, registrations, professional licenses, etc.								

Please list all employment starting with present or most recent employer. Also include relevant voluntary and/or part-time work experience. Account for all periods, including unemployment and service with U.S. Armed Forces. Use additional sheet if necessary.						
EMPLOYMENT HISTORY	NAME & ADDRESS - EMPLOYER	1 JOB TITLE 2 DEPARTMENT 3 NAME OF SUPERVISOR	DESCRIBE MAJOR DUTIES	DATE	WAGES	REASON FOR LEAVING
		1		From _____ Mo. Yr.	Starting \$ _____ per	
		2			Final	
	Telephone Number (Area Code)	3		To		
		1		From _____ Mo. Yr.	Starting \$ _____ per	
		2			Final	
	Telephone Number (Area Code)	3		To		
		1		From _____ Mo. Yr.	Starting \$ _____ per	
		2			Final	
	Telephone Number (Area Code)	3		To		

Give names of three persons not related to you who have known you for a minimum of three years.

PERSONAL	Name	Telephone Number (Area Code)	Address	Business

I acknowledge I have read and accept the terms of this application and submit it with a representation of my legal signature.

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed.

APPLICANT'S SIGNATURE _____

DATE _____