

**WESTERN COOPERATIVE ELECTRIC ASSOCIATION INC**  
**EMPLOYMENT APPLICATION**  
"An Equal Opportunity Employer"

Office Location: 635 South 13th Street PO Box 278 WaKeeney Kansas 67672 (785) 743-5561

We welcome you as an applicant. Please complete the entire application even if you have attached/submitted a resume. Additional information may be requested (resume, transcripts, references, work samples) in order to give you appropriate consideration. All information will remain confidential, except as you have given permission, authorization, or release.

No question is asked for the purpose of excluding applicants because of race, color, religion, sex, national origin, age, veteran status, physical or mental disability. This pertains to all phases of employment, placement, upgrading, demotion, transfer, layoff, recall, termination, rates of pay or other forms of compensation, selection for training, use of facilities and participation in Western Cooperative Electric Association Inc sponsored employee activities.

**Please Type or Print And Use Ink:**

Position Applied for: \_\_\_\_\_

Do you understand the essential functions and requirements for the position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date available: \_\_\_\_\_

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**GENERAL INFORMATION**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Social Security Number

Mailing address: \_\_\_\_\_  
Street City State Zip Code

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

(Circle One)

Yes No Are you under the age of 18?

Yes No Do you have a valid driver's license? (Possessing and maintaining a valid driver's license is a job-related requirement for many positions at Western Cooperative Electric Association Inc)

State \_\_\_\_\_ License Number \_\_\_\_\_

Yes No Are you related by blood or marriage to any of the following persons: an employee of Western Cooperative Electric Association Inc or a member of the Western Cooperative Electric Association Inc Board of Directors? If yes, state the name(s), relationship(s) and position(s) held by the person(s) to whom you are related:

Yes No Are you presently legally authorized to work in the USA on a full time basis? You will be required as a part of the hiring process to provide proof of identity and employment eligibility verification mandated by the federal government.

Yes No Have you ever been employed at Western Cooperative Electric Association Inc? If yes, provide dates of employment.

From: \_\_\_\_\_ To: \_\_\_\_\_

Yes No Are you willing to relocate?

Yes No Would you be willing to work overtime?



If you worked or went to school under another name, please print that name and indicate employer(s) and school(s):

Summarize other prior relevant experience . Use a separate sheet of paper if you need more space. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain all periods of unemployment in the last ten years:

Date: \_\_\_\_\_ Explanation: \_\_\_\_\_  
From To  
Date: \_\_\_\_\_ Explanation: \_\_\_\_\_  
From To  
Date: \_\_\_\_\_ Explanation: \_\_\_\_\_  
From To

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### PROFESSIONAL REFERENCES

Please list three individuals with whom you have worked directly. Do not list supervisors indicated on the previous page.

Name	Phone	Title	Organization
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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### SERVICE IN THE ARMED FORCES

From: \_\_\_\_\_ To: \_\_\_\_\_  
Branch of armed forces: \_\_\_\_\_ Rank: \_\_\_\_\_  
General duties/training: \_\_\_\_\_

Are you a member of a reserve organization?  Yes  No Name: \_\_\_\_\_  
Did you receive an Honorable Discharge?  Yes  No

**EDUCATION**

	High School	Vocational/ Technical	College/ University	Graduate School
Last year completed (circle)	9 10 11 12	13 14	13 14 15 16	17 18 19 20

School Name and address: \_\_\_\_\_

Major Courses of study: \_\_\_\_\_

Did you receive a diploma? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list: \_\_\_\_\_

Other post high school courses and dates completed: \_\_\_\_\_

**SPECIALIZED TRAINING AND SKILLS**

List current typing, computer literacy, professional licenses, certificates, etc., that you possess pertaining to the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_

**HEALTH**

(Circle One)

Yes No Will you be able to perform the tasks and duties of the position for which you are applying? If no, please explain:

\_\_\_\_\_

Yes No If offered employment, a physical examination is required to determine physical ability to perform the duties of the position. A substance abuse screening is also part of the preemployment requirement. Do you consent to a physical and substance abuse screening?

**Additional Applicant Information:**

**WESTERN COOPERATIVE ELECTRIC ASSOCIATION INC**  
**Applicant Self Identification Form**

*Completion is Voluntary*

Western Cooperative Electric Association Inc is required to provide statistical reports to government agencies analyzing the composition of the applicants applying for each position. The information required below will be used to compile statistical reports and for record keeping purposes. The information provided will not be used in any unlawful manner.

**POSITION APPLIED FOR:** \_\_\_\_\_

Please check appropriate line for each category:

**RACE/ETHNIC GROUP:**

\_\_\_\_\_ BLACK (not of Hispanic origin) - All persons having origins in any of the black racial groups of Africa.

\_\_\_\_\_ HISPANIC - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture origin, regardless of race.

\_\_\_\_\_ ASIAN OR PACIFIC ISLANDER - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. The area includes, for example, China, Japan, Korea, the Philippine Islands and Somoa.

\_\_\_\_\_ AMERICAN INDIAN OR ALASKA NATIVE - All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. Please identify with which tribe you are affiliated: \_\_\_\_\_

\_\_\_\_\_ WHITE (not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**SEX**                      \_\_\_\_\_ Male                      \_\_\_\_\_ Female

**DISABLED INDIVIDUAL DATA**

\_\_\_\_\_ DISABLED INDIVIDUAL - Person who (1) has a physical or mental impairment which substantially limits one or more major life activities, or (2) has a record of such impairment, or (3) is regarded as having such an impairment.

(OVER)

**VETERAN DATA**

\_\_\_\_\_ DISABLED VETERAN - Person entitled to disability compensation under law administered by Veteran's Administration for disability rated 30% or more OR person discharged/released from active military duty for disability incurred or aggravated in line of duty.

\_\_\_\_\_ VIETNAM ERA VETERAN - Person who served on active military duty for more than 180 days, any part of which occurred between August 5, 1964, to May 7, 1975, and was discharged/released with other than a dishonorable discharge or was discharged/released from active duty for a service-connected disability.

\_\_\_\_\_ VETERAN

**REFERRAL SOURCE:** How were you made aware of this job?

\_\_\_\_\_ State Employment Office

\_\_\_\_\_ Newspaper Ad (specify newspaper) \_\_\_\_\_

\_\_\_\_\_ Friend/Relative

\_\_\_\_\_ Social/Community Organization (specify) \_\_\_\_\_

\_\_\_\_\_ Current Western Cooperative Electric Association Inc employee (Name) \_\_\_\_\_

\_\_\_\_\_ Private Employment Agency

\_\_\_\_\_ Other Publication (specify) \_\_\_\_\_

\_\_\_\_\_ On Your Own

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE READ BEFORE SIGNING**

I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability for any damages that may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given on this application, and I release you from all liability for any damages that may result from your doing so.

I further acknowledge that if I am employed by Western Cooperative Electric Association Inc, my employment will be at will and may be terminated with or without cause at any time by me or by the employer.

I agree to conform to the rules, policies, and regulations of the employer.

**I acknowledge and agree that my employment and compensation can be modified or terminated at any time with or without cause and with or without notice at the option of the employer. I also acknowledge that my employment may be terminated at any time with or without cause and with or without notice by me.** I understand that no manager or representative of the employer has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, either before commencement of employment or after I have become employed.

**I hereby acknowledge that I have read and understand the above statements.**

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Applicant's Signature

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Today's Date

**EXAMINATION ACCOMMODATIONS**

Special accommodations can/will be arranged for disabled individuals. Contact the Western Cooperative Electric Association Inc Office Manager at (785) 743-5561 for more information.