



**EDUCATION**

Name and location of school	Years completed (circle)	Graduated		Diploma/Degree Course of Study
		Yes	No	
High School _____	9 10 11 12	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____				_____

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Technical College _____	1 2	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____				_____

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College _____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____				_____

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Other Training or Degree _____	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____				_____

**EMPLOYMENT HISTORY**

Are you employed now? \_\_\_\_\_

If yes, may we inquire of your present employer? \_\_\_\_\_

Has your employment with any employer ever been involuntarily terminated? \_\_\_\_\_

If yes, please identify the employer, date of termination and reason for termination:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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List your employment for the last five years. Start with your present position and work backwards, accounting for all periods of employment. Describe your field of work and position and give your duties and responsibilities in such detail as to make your qualifications clear.

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Position/Title \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Name of Employer \_\_\_\_\_

Address & Phone \_\_\_\_\_

Kind of business or organization \_\_\_\_\_

Name and Title of your Supervisor \_\_\_\_\_

Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

Machines, Equipment and Software/Computer Experience \_\_\_\_\_

\_\_\_\_\_

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Position/Title \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Name of Employer \_\_\_\_\_

Address & Phone \_\_\_\_\_

Kind of business or organization \_\_\_\_\_

Name and Title of your Supervisor \_\_\_\_\_

Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Machines, Equipment and Software/Computer Experience \_\_\_\_\_  
\_\_\_\_\_

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Position/Title \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Name of Employer \_\_\_\_\_

Address & Phone \_\_\_\_\_

Kind of business or organization \_\_\_\_\_

Name and Title of your Supervisor \_\_\_\_\_

Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Machines, Equipment and Software/Computer Experience \_\_\_\_\_  
\_\_\_\_\_

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Position/Title \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Name of Employer \_\_\_\_\_

Address & Phone \_\_\_\_\_

Kind of business or organization \_\_\_\_\_

Name and Title of your Supervisor \_\_\_\_\_

Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

Machines, Equipment and Software/Computer Experience \_\_\_\_\_

\_\_\_\_\_



**REFERENCES**

Please list the name, address, phone number, occupation and years acquainted for three business references that are not related to you. If you do not have any employment-related reference, please list individuals who can comment on your work skills.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## STATEMENT OF NONDISCRIMINATION

Runestone Electric Association is an equal opportunity provider and employer.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.

**PLEASE READ CAREFULLY**

All questions on this form must be answered.

Employment Applications are considered active for 6 months.

**CERTIFICATION AND AGREEMENT**

I hereby affirm that the information I have given is true and correct.

I understand that in the event of my employment by the Cooperative, I shall be subject to dismissal if any of the information I have given in this application is false or if I have failed to give any material information herein requested.

If I am offered employment, I agree to submit to an alcohol and controlled substance test, a criminal background check and a physical examination that tests for essential job-related abilities which I must successfully pass before being finally accepted for employment.

In the event of my employment by the Cooperative, I agree to abide by all present and subsequently issued rules of the Cooperative.

I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

I authorize all previous employers to furnish the Cooperative with copies of my record, reason for leaving and all information they may have concerning me, and I hereby release them and the Cooperative from all liability for any damage whatsoever arising there from. I also authorize investigation of all statements in this application.

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Applicant's Signature

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Date

**Please return completed application and resume to:**

Runestone Electric Association  
6839 Power Lane SW  
Alexandria, MN 56308  
Fax: (320) 763-4149  
Email: [applications@runestoneelectric.com](mailto:applications@runestoneelectric.com)