



Springer Electric Cooperative, Inc.

P.O. Box 698

Springer, New Mexico 87747

(575) 483-2421

Your Touchstone Energy® Partner



**THIS APPLICATION
MUST BE IN YOUR
OWN HANDWRITING**

**ALL QUESTIONS ON
THIS FORM MUST
BE ANSWERED**

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.
ADDRESS			DATE
CITY	STATE	ZIP	HOME TELEPHONE
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			BUSINESS TELEPHONE
Do you have the legal right to remain and work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Visa (if applicable)			

EDUCATIONAL BACKGROUND

	Name & Location	Course of Study	Did you graduate? If so, degree received.
High School			
College			
Trade/Technical School			
Other			

GENERAL

Position Applying for _____

Salary desired _____ Date available for work _____

How were you referred to this organization? _____

Do you have any friends or relatives in our employ? No Yes

If yes, give details: Name(s) _____ Relationship _____

Have you ever worked for this organization before? No Yes

If yes, give details: Dates _____ Position _____

This application is current only for one (1) year, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

MILITARY SERVICE

Branch of Service _____ From _____ To _____
 Rank at time of discharge _____
 Description of duties _____

HEALTH INFORMATION

In Case of Emergency, Notify:

Name _____ Telephone Number () _____
 Address _____

CERTIFICATION

All statements made by me in connection with this application are correct to the best of my knowledge. I understand that any falsification of information may result in refusal to hire or termination in the event that I am hired. Further, I hereby grant the _____ or any of its subsidiary organizations permission to investigate my suitability for employment based on the information contained herein unless otherwise noted. Further, I hereby forever release the _____ and its subsidiary organizations from all liability arising from, incident to, or connected with such inquiry or the result of such inquiry.

 Applicant's Signature _____
 Date

DO NOT WRITE BELOW THIS LINE						
INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO		INTERVIEWED BY			DATE	
ABILITY	CHARACTER	NEATNESS	PERSONALITY			
REMARKS						
HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		DEPT.	POSITION	WILL REPORT	WAGE	EMPLOYEE NO.
APPROVED			APPROVED			

EMPLOYMENT HISTORY

Most Recent or Present Employer

Name of Company _____ From _____ To _____
Address _____ Phone () _____
Your Job Title and Duties _____

Supervisor _____ Starting Pay _____ Ending Pay _____
Reason for leaving _____

Next Previous Employer

Name of Company _____ From _____ To _____
Address _____ Phone () _____
Your Job Title and Duties _____

Supervisor _____ Starting Pay _____ Ending Pay _____
Reason for leaving _____

Next Previous Employer

Name of Company _____ From _____ To _____
Address _____ Phone () _____
Your Job Title and Duties _____

Supervisor _____ Starting Pay _____ Ending Pay _____
Reason for leaving _____

Next Previous Employer

Name of Company _____ From _____ To _____
Address _____ Phone () _____
Your Job Title and Duties _____

Supervisor _____ Starting Pay _____ Ending Pay _____
Reason for leaving _____

References

(At least three people not related)

Name	Address	Phone #