



LOWER YELLOWSTONE RURAL ELECTRIC COOPERATIVE

Your Touchstone Energy® Cooperative

PO Box 1047
3200 West Holly Street
Sidney, MT 59270
Phone: 406.488.1602
Email: lyrec@lyrec.com
Web: www.lyrec.com

Lower Yellowstone Rural Electric Cooperative is an Equal Opportunity Employer. Date _____

We request the following information to help us make the best possible placement. You should complete all portions of this application that pertain to you. We appreciate the time you spend in completing this form.

If offered employment and accepted, you are required by law to show proof of eligibility to work in the USA.

If offered employment and accepted, you are required by law to show you are 18 years of age or over.

Name _____
LAST FIRST MI (Former Name)

SSN: _____ Home Telephone No. _____ Email Address _____

STREET CITY STATE ZIP CODE

Do you have any relatives employed at LYREC? [] Yes [] No If so, please list _____

Have you ever filed an application with us before? [] Yes [] No If yes, give date _____

Have you ever been employed with us before? [] Yes [] No If yes, give date _____

Referred to this company by _____

Position for which you are applying? _____ Salary Desired _____

Employment Preference: [] Full Time [] Part Time Date Available _____

[] Summer [] Temporary Date/hours available _____

Table with 5 columns: Education, Name, Major Course Subject, Last Year Completed, Did You Graduate, Degree. Rows include High School, Business/Trade School, College, Graduate Studies, Others (Specify).

Are you currently pursuing further studies? Yes No If so, what courses and when?



Please give accurate, complete full-time and part-time employment. Start with the present or most recent employer.

EMPLOYMENT

Company Name	Telephone
Full Address	Employed - From-To
Name of Supervisor	Weekly Pay Start Leave
Job Title and Describe Your Work	Reason For Leaving

Company Name	Telephone
Full Address	Employed - From-To
Name of Supervisor	Weekly Pay Start Leave
State Job Title and Describe Your Work	Reason For Leaving

Company Name	Telephone
Full Address	Employed - From-To
Name of Supervisor	Weekly Pay Start Leave
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Company Name	Telephone
Full Address	Employed - From-To
Name of Supervisor	Weekly Pay Start Leave
State Job Title and Describe Your Work	Reason For Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT Company Name(s) and reason:

REFERENCES

Please list three (3) job related references — NAMES, ADDRESSES, and PHONE NUMBERS:

OTHER

Are you over 18 years of age? Yes No

If not, employment is subject to verification of minimum legal age.

Physical Examinations, drug tests, and/or other tests may be required during the application process or after a conditional offer of employment.

Yes No

Have you ever been convicted of a felony?

If yes, please explain fully:

Are you able to perform the essential job functions, with or without reasonable accommodations, on the job description for which you are applying?

* An applicant must request an accommodation when needed. Yes No

List any memberships you hold in the union, professional group or trade organization that relate to the job you are applying for:

SIGNATURE

I CERTIFY THAT THE INFORMATION ABOVE AND ON ALL ATTACHMENTS IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION OR WILLFUL OMISSIONS MAY BE GROUNDS FOR MY EMPLOYER TO TAKE DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT.

APPLICANTS SIGNATURE

DATE