



**BRIDGER VALLEY ELECTRIC ASSOCIATION, INC.**  
**PO BOX 399**  
**I-80 BUSINESS LOOP**  
**MOUNTAIN VIEW, WYOMING 82939**

**APPLICATION FOR EMPLOYMENT**

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any application due to race, creed, color, national origin, religion, age, or sex, etc., as prohibited by law or regulation. "AN EQUAL OPPORTUNITY EMPLOYER."

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Date \_\_\_\_\_  
 Last First Middle

Address: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_  
 Street City State ZIP  
 Date available for work \_\_\_\_\_

**WORK PREFERENCE**

Kind of work desired: \_\_\_\_\_ Salary or Pay you expect \_\_\_\_\_

List job benefits, other than wage  
 You expect or want in order of importance. \_\_\_\_\_

Describe your prior experience  
 in the kind of work you want. \_\_\_\_\_

Describe any formal schooling  
 or training for this work \_\_\_\_\_

List any licenses or  
 Certificates you may have \_\_\_\_\_

List any special skills you may have  
 (typing, machine operation, etc.) \_\_\_\_\_

List any hobbies, special interest,  
 Or sports in which you are involved \_\_\_\_\_

**\*\*NOTE\*\*** Please indicate condition you prefer or would accept and other information by entering "yes" or "no in every blank in the remainder of the section on this page.

**AVAILABILITY FOR WORK**

Type of work: Part time \_\_\_\_\_ Full time \_\_\_\_\_ Temporary/short term \_\_\_\_\_ Long term \_\_\_\_\_

Shifts or times You will work: Day \_\_\_\_\_ Afternoon \_\_\_\_\_ Graveyard \_\_\_\_\_ Rotating \_\_\_\_\_

Days of the week You want to work: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_ Holidays \_\_\_\_\_

Will you work daily overtime on occasion if necessary? \_\_\_\_\_ Will you work extra days in the week if necessary? \_\_\_\_\_

Do you plan to work elsewhere  
 or attend school and work here too? \_\_\_\_\_

Do you have any on-going obligations such as school,  
 another job, or other personal commitments that might  
 affect your work schedule here? \_\_\_\_\_

**PRESENT EMPLOYMENT**

Are you presently employed? \_\_\_\_\_  
 Do you have to give advance  
 Notice to You present employer \_\_\_\_\_  
 Do you authorize us to contact  
 your previous employers for references? \_\_\_\_\_  
 Are you presently drawing  
 Unemployment insurance benefits? \_\_\_\_\_

**PERSONAL**

Are you willing to take a physical exam at  
 the Company Expense after you are employed? \_\_\_\_\_  
 Would you be willing to take a drug/alcohol screening  
 Exam before and after employment is requested? \_\_\_\_\_  
 Have you missed more than a day or two of work or  
 School for any reason in the last five years? \_\_\_\_\_  
 Estimate the number of time you have  
 been late for work or school in the last five years \_\_\_\_\_  
 Are you a minor?  
 (Under the age of 18 years old) \_\_\_\_\_  
 Are you presently covered under your own or  
 Someone else's health or hospital insurance? \_\_\_\_\_

**PRIOR EVENTS**

Have you worked for or applied for work at this company before? \_\_\_\_\_  
 Do you authorize us to contact  
 your previous employers for references? \_\_\_\_\_  
 Are you presently drawing  
 Unemployment insurance benefits? \_\_\_\_\_  
 Have you earned any pension or retirement  
 credits other than Social Security in ay prior employment \_\_\_\_\_  
 Have you ever been discharged  
 for cause? \_\_\_\_\_  
 Have you ever been refused a surety  
 bond or ever had one cancelled? \_\_\_\_\_  
 Have you ever been convicted of a felony?  
 (A criminal record does not automatically  
 Bar employment.) \_\_\_\_\_

**OTHER PERSONAL DATA**

This company will only hire U.S. citizens and aliens lawfully authorized  
 To work in the U.S. Do you Qualify? \_\_\_\_\_  
 If employed, can you provide proof of U.S. citizenship and identity, or if an  
 Alien, proof of authorization to work in the U.S. and proof of Identity? \_\_\_\_\_

Use this space and additional sheets for any explanations  
 You may wish to give about above answers: \_\_\_\_\_

**EDUCATION AND TRAINING**

Grade and High School	Name of Last School _____ Location _____ Did you Graduate? _____ Highest Year Completed? _____ Average Grade _____ Date Left _____ Special courses completes? _____
College or University	Name _____ Location _____ Years Attended _____ Degree _____ Date Left _____ Major Subject _____ Scholarship Grade Average _____
Other (graduate, Trade School, Correspondence School, etc.)	Name _____ Location _____ Length of Course _____ Was Course Completed? _____ When? _____ Subject _____ Scholarship Grade Average _____

**EMPLOYMENT AND U.S. MILITARY SERVICE RECORD: (Give a complete account of your full time employment. BEGIN ON THE FIRST LINE WITH YOUR PRESENT OR MOST RECENT POSITION AND WORK BACK.)**

1. Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Main Duties \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Starting Pay \_\_\_\_\_ Leaving Pay \_\_\_\_\_ Supervisor \_\_\_\_\_

What did you like about this job \_\_\_\_\_ What did you dislike about this job \_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Main Duties \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Starting Pay \_\_\_\_\_ Leaving Pay \_\_\_\_\_ Supervisor \_\_\_\_\_

What did you like about this job \_\_\_\_\_ What did you dislike about this job \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**3. Other positions and periods of unemployment**

Employer	Main Duties	From	To	Pay	Reason for Leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**PERSONAL INFORMATION: This section is required only after employment for personal records.**

Number of dependants \_\_\_ Marital status: Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Are you a "special disabled Veteran" or Veteran of the Vietnam era? \_\_\_\_\_

Person to notify in an emergency \_\_\_\_\_ Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Name of Spouse (if any) \_\_\_\_\_ Employer \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Name of Personal Physician: \_\_\_\_\_ Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Certificate of Application: (Read carefully before signing). All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may be cause for rejection or if employed, may be just cause for subsequent dismissal. I hereby authorize any former employer, person, firm or corporation listed hereon, including this company, to answer any and all questions and I agree to hold all persons harmless for giving any and all truthful information within their knowledge or records. I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will at any time upon notice by either myself or the company. I agree to take and pass a company-paid-for physical examination by a physician at any time after employment as a condition of employment. If employed, I agree to comply with all reasonable rules of the company as a condition of continued employment. In the event the company advances me money or other things of value, or I otherwise become indebted financially to the company, I agree to repay the company and also that any wages due me upon termination may be offset by payroll deduction against any such monies due the company.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_