



**Bon Homme Yankton Electric**  
 134 S Lidice St • P.O. Box 158  
 Tabor, SD 57063-0158  
 605-463-2507 • Fax 605-463-2419  
 E-mail: by@byelectric.com  
 Website: www.byelectric.coop

# Employment Application

## Notice to Any Person Seeking Employment With Bon Homme Yankton Electric

- Those applicants requiring reasonable accommodations to the applications and/or interview process should notify a representative of the cooperative.
- Your application will be considered only for the position for which you apply, therefore:
  - You must complete another application each time you wish to apply for another available position.
  - You must complete the entire application even if you have attached/submitted a resume.
  - You must sign and date the Applicant Statement.
- After the time period for accepting applications closes, all applications will be reviewed. You will be contacted via letter or phone regarding the outcome of the evaluations.
- Unsolicited applications and resumes are kept on file for 60 days.

EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of Bon Homme Yankton Electric to be an Equal Opportunity Employer. The Cooperative affords employment to those qualified persons without regard to race, color, religion, age, sex, national origin, sexual orientation, creed, disability, marital status or status with regard to public assistance.

We have directed all managers and supervisors to emphasize this attitude in recruiting, hiring, and promoting persons in all job classifications. A fair and unbiased opportunity to advance within Bon Homme Yankton Electric is offered to all qualified persons.

NOTICE TO HANDICAPPED/DISABLED APPLICANTS

Bon Homme Yankton Electric will not discriminate against any applicant for employment because of physical or mental disability in regard to any position for which an applicant is qualified. The Cooperative agrees to employ, advance in employment, and otherwise treat qualified individuals with disabilities without discrimination based upon their physical or mental disability in all employment practices.

NOTICE TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA

It is the Cooperative's policy to provide employment and advance in employment qualified disabled veterans and veterans of the Vietnam Era at all levels and segments of the organization. The Cooperative adheres to and is subject to 38 USC 4212 of the Vietnam Era Veterans Readjustment Act of 1974.

PRE-EMPLOYMENT EXAMINATIONS

To ensure the continued health and safety of all employees and members of Bon Homme Yankton Electric, all applicants who have been given an offer for employment must complete a physical examination and test for illegal drugs. Employment is contingent upon satisfactory completion of a physical examination and a negative drug test. The examination and testing are conducted by a Bon Homme Yankton Electric designated physician at no cost to the applicant. The physical examination will ensure the applicant can perform the essential physical requirements of the position.

EMPLOYMENT ELIGIBILITY

Within three (3) days of starting employment with Bon Homme Yankton Electric, an employee must complete an Eligibility of Employment Form (Form I-9). The purpose of the form is to ensure all employees are eligible to work in the United States.

Position applied for: _____	Date of application ____/____/____
Name _____	
LAST	FIRST
MIDDLE	

## Personal

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
STREET

\_\_\_\_\_ E-mail address \_\_\_\_\_  
CITY STATE ZIP CODE

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_

May we contact you at work?  Yes  No

If yes, work number and best time to call \_\_\_\_\_

Are you over 18 years of age?  Yes  No

List positions previously applied for \_\_\_\_\_  None

Are you legally eligible for employment in this country?  Yes  No

Have you ever been convicted of a crime?  Yes  No

Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.

If yes, please provide date(s) and details \_\_\_\_\_

## Work Preference

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired  Full-time  Part-time  Temporary  Seasonal

Will you relocate if job requires it?  Yes  No

Will you travel if job requires it?  Yes  No

Are you able to meet the attendance requirements of the position?  Yes  No

Will you work overtime (more than 40 hours in a week)?  Yes  No

## Education

High School City/State	Circle grade completed				Did you graduate?	
	1	2	3	4	Yes	No
College/Technical School/Other City/State	# of Years		Course of Study		Degree, diploma, certificate and honors received	
Other job-related educational institutions, licenses, certifications, etc						

# Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheet if necessary). Explain any gaps in employment in comments section below.

<b>EMPLOYER</b>	<b>TELEPHONE #</b>	<b>DATES EMPLOYED</b>		<b>SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>
		FROM	TO	
<b>ADDRESS</b>				
<b>STARTING JOB TITLE/FINAL JOB TITLE</b>		<b>HOURLY RATES/SALARY</b>		
		STARTING		
<b>IMMEDIATE SUPERVISOR AND TITLE</b>				
<b>REASON FOR LEAVING</b>		<b>HOURLY RATES/SALARY</b>		
		FINAL		
<b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				
<b>EMPLOYER</b>	<b>TELEPHONE #</b>	<b>DATES EMPLOYED</b>		<b>SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>
		FROM	TO	
<b>ADDRESS</b>				
<b>STARTING JOB TITLE/FINAL JOB TITLE</b>		<b>HOURLY RATES/SALARY</b>		
		STARTING		
<b>IMMEDIATE SUPERVISOR AND TITLE</b>		\$	PER	
<b>REASON FOR LEAVING</b>		<b>HOURLY RATES/SALARY</b>		
		FINAL		
<b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
<b>EMPLOYER</b>	<b>TELEPHONE #</b>	<b>DATES EMPLOYED</b>		<b>SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>
		FROM	TO	
<b>ADDRESS</b>				
<b>STARTING JOB TITLE/FINAL JOB TITLE</b>		<b>HOURLY RATES/SALARY</b>		
		STARTING		
<b>IMMEDIATE SUPERVISOR AND TITLE</b>		\$	PER	
<b>REASON FOR LEAVING</b>		<b>HOURLY RATES/SALARY</b>		
		FINAL		
<b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
<b>EMPLOYER</b>	<b>TELEPHONE #</b>	<b>DATES EMPLOYED</b>		<b>SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>
		FROM	TO	
<b>ADDRESS</b>				
<b>STARTING JOB TITLE/FINAL JOB TITLE</b>		<b>HOURLY RATES/SALARY</b>		
		STARTING		
<b>IMMEDIATE SUPERVISOR AND TITLE</b>		\$	PER	
<b>REASON FOR LEAVING</b>		<b>HOURLY RATES/SALARY</b>		
		FINAL		
<b>MAY WE CONTACT FOR REFERENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

**Comments** INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Skills and Qualifications

SUMMARIZE ANY SPECIAL TRAINING, SKILLS, LICENSES AND/OR CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING FOR.

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## References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	( )	
	( )	
	( )	

## Applicant Statement

I certify that all the information I have provided in order to apply for and secure employment with the Bon Homme Yankton Electric is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from Bon Homme Yankton Electric, when it is discovered.

I understand I am required to submit to a post-offer, pre-hire physical examination in order for Bon Homme Yankton Electric to determine my physical ability to perform the job.

I understand my employment is contingent upon the results of a drug screen for illegal drugs. A confirmed positive screen will result in my disqualification from employment.

I authorize and consent to my references, employers and/or employer representatives, public agencies, licensing authorities, and educational institutions and persons or organizations named in this application and/or accompanying resume to release any information to Bon Homme Yankton Electric that may be required to make an employment decision.

I understand this application remains current for 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application. A new application must be completed for each job I wish to be considered for.

Employee may be covered under collective bargaining agreement.

**Do not sign until you have read the above APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

**We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any lawful criteria.**

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations that may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position(s) applied for \_\_\_\_\_

### Referral Source

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Walk-in              | <input type="checkbox"/> Yankton Press & Dakotan                  | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee             | <input type="checkbox"/> Other Newspaper                          | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Cooperative web site | <input type="checkbox"/> Facebook/Other Social Networking         | <input type="checkbox"/> Relative                  |
| <input type="checkbox"/> Tyndall Tribune      | <input type="checkbox"/> Job Service/Government Employment Agency | <input type="checkbox"/> Other _____               |

### Applicant Information

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

- Male       Female

### Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin)     Black (not of Hispanic origin)     Hispanic  
 American Indian/Alaskan Native     Asian/Pacific Islander

## For Administrative Use Only

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Position(s) applied for  Available  Not Available

Hired  Yes  No

Position hired for \_\_\_\_\_ Date of hire \_\_\_\_ / \_\_\_\_ / \_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers               | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals          | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled)      |
| <input type="checkbox"/> Technicians            | <input type="checkbox"/> Craft Workers (skilled)     | <input type="checkbox"/> Service Workers           |

Notes \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_