## **PEMISCOT-DUNKLIN ELECTRIC COOPERATIVE, INC.**

P.O. Box 509, Hayti, Missouri 63851

Last Name	First	Middle Initial		Today's Date
•	6	9		
•	Street Address			Home Telephone #
	City, State, Zip		-	Cell #
ype of Work Desired:	8	5		Pay Expected
re you legally eligible for em	ployment in the United States? _ <u>EI</u>	(Yes or No)	Are you of legal a	ge to work? (Yes or No
Mame & Location Graduate School	<u>Course of Stud</u>	y <u>No. of years</u> completed	Did you graduate?	<u>Degree/</u> Diploma
College				
Business/Trade				4

## REFERENCES

Technical

**High School** 

Name:	Name:
Phone:	
Title:	Title:
Name:	Name:
Phone:	Phone:
Title:	Title:

## **EMPLOYMENT HISTORY**

Please Give Accurate, Complete Full-time and Part-time Employment Record. Start with Your Present or Most Recent Employer.

COMPANY NAME:    TELEPHONE:      ADDRESS:    EMPLOYED (State Month & Year)      From    To      SUPERVISOR:    Weekly Pay:      JOB TITLE & DESCRIBE YOUR WORK:    Start      Image: Start Start    To      Image: Start Start    To	COMPANY NAME:ADDRESS: SUPERVISOR: JOB TITLE & DESCRIBE YOUR WORK:	EMPLOYED (State Month & Year) From To
ADDRESS: EMPLOYED (State Month & Year) SUPERVISOR: To JOB TITLE & DESCRIBE YOUR WORK: Start To Reason for leaving:		
SUPERVISOR:	COMPANY NAME:	TELEPHONE:
SUPERVISOR:	ADDRESS:	
JOB TITLE & DESCRIBE YOUR WORK: To To Reason for leaving:	SUPERVISOR:	From To Weekly Pay:
		Start To Reason for leaving:
COMPANY NAME: TELEPHONE:	COMPANY NAME:	TELEPHONE:
ADDRESS: EMPLOYED (State Month & Year)	ADDRESS:	
SUPERVISOR: To    Weekly Pay:	SUPERVISOR:	
JOB TITLE & DESCRIBE YOUR WORK: To To Reason for leaving:		Start To

This information provided in this Application of Employment is true, correct and complete. If employed, my misstatement of omission of fact on this application may result in my dismissal. I understand that Acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature:

Date: