



CMS Electric Cooperative, Inc.

P.O. Box 790
Meade, KS 67864
Telephone: (620) 873-2184
1 (800) 794-2353

Application For Employment (Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Personal Information

Date: _____

Name: _____ SS Number: _____

Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone No _____ Are You 18 Years Or Older? _____

Are You Either A U.S. Citizen or An Alien Authorized To Work In The United States? Yes No

Employment Desired

Position _____ Date You Can Start? _____ Salary Desired _____

Are You Employed Now? _____ If So May We Inquire Of Your Present Employer? _____

Ever Applied To This Company Before _____ Where? _____ When? _____

Referred By: _____

Education	Name & Location of School	*No. Of Years Attended	*Did You Graduate	Subjects Studied
Grammar School				
High School				
College				



Trade, Business, or Correspondence School				
---	--	--	--	--

General

Subject Of Special Study Or Research Work _____

Special Skills _____

Activities: (Civic, Athletic, ETC.) _____

Exclude Organizations The Name Of Which Indicates The Race, Creed, Sex, Age, Marital Status, Color Or Nation Of Origin Of Its Members

U.S. Military or Naval Service _____ Rank _____

Present Membership In National Guard or Reserves _____

*The Age Discrimination In Employment Act of 1987 Prohibits Discrimination On The Basis Of Age With Respect To Individuals Who Are At Least 40 Years Of Age.

CMS Electric Cooperative, Inc.

Former Employers (List Below Last Three Employers, Starting With Last One First.)

Date Month And Year	Name And Address Of Employer	Salary	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				

Which Of These Jobs Did You Like The Best? _____

What Did You Like Most About This Job? _____

References: Give The Names Of Three Persons Not Related To You, Whom You Have Known At Least One Year.

Name	Address	Business	Years Acquainted
1			
2			
3			

"I Certify That The Facts Contained In This Application Are True And Complete To The Best Of My Knowledge And Understanding That, If Employed, Falsified Statements On This Application Shall Be Grounds For Dismissal.

I Authorize Investigation Of All Statements Contained Herein And The References Listed Above To Give You Any And All Information Concerning My Previous Employment And Any Pertinent Information They May Have, And Release All Parties From All Liability For Any Damage That May Result From Furnishing Same To You.

I Understand And Agree That, If Hired, My Employment Is For No Definite Period And May, Regardless Of The Date Of Payment Of My Wages And Salary, Be Terminated Any Time Without Prior Notice And Without Cause."

Date _____ Signature _____

Do Not Write Below This Line

Interviewed By _____ By _____

Remarks: _____

Neatness _____ Ability _____

Hired _____
Yes No _____ Position _____ Dept. _____

Salary/Wage _____ Date Reporting To Work _____

Approved
By _____
