SHELBY GAS ASSOCIATION

Employment Application

Shelby Gas Association places great emphasis on member service, teamwork, problem solving and innovation. We look for people who exemplify these qualities and are willing to work hard for our membership. Shelby Gas Association is an equal opportunity employer.



| PERSONAL INFORMATION | | | | | | | | | |
|---|-----|--|-------|--------------|------------|----------------|----------------|---------|--|
| Last Name | | | First | | M.I. | Date | | | |
| Street Address | | | | | | | | · | |
| City | | | State | | ZIP | | | | |
| Previous address if less than 5 years at current address | | | | | | | | | |
| Cell Phone | | | | | Home Phone | | | | |
| Work Phone | | | | | Email | | | | |
| I understand that upon my employment, proof of legal right to work in the United States and completion of I-9 form will be required | | | | | | | | | |
| Are you eligible to work for any United States employer at this | | | NO 🗌 | | | | | | |
| Have you ever been convicted of a felony? | | YES | | | NO 🗌 | If Yes Explain | es Explain | | |
| Do you have a valid driver's license? | | YES | | | NO 🗌 | License# | Expires | Expires | |
| Do you have a valid Commercial Driver's License | | YES | | | NO 🗌 | License# | Expires | | |
| Can you travel if the position requires travel | | YES | | | NO 🗌 | | | | |
| If you have ever worked under or earned degrees under another name, Please list them | | Last Name First Name Middle Name | | | | Middle Name | | | |
| POSITION DESI | RED | | | | | | | | |
| Position applied for | | | | | | | | | |
| How did you learn of the vacancy? | | | | | | | | | |
| Salary Desired (Annual) | | \$ | | | | | Date Available | | |
| Are you able to perform the functions of this position? YES NO | | | | | | | | | |
| If no, what accommodation would make it possible for you to perform this job | | | | | | | | | |
| Have you previously been employed by Shelby Gas Association or another cooperative? | | YES NO | | | | | | | |
| If yes, Indicate position, department and dates: | | | | | | | | | |
| Do you have any relatives employed at Shelby Gas Association? | | YES 🗆 | NO 🗌 | If yes, who? | | | | | |

Shelby Gas Association is an equal opportunity employer and recruits, advertises, employs, promotes, transfers, disciplines and discharges without regard to race, color, religion, national origin, age, sex, marital status, ancestry, physical or mental disability or veteran status.

| EDUCATION and TRAINING | | | | | | | |
|---|-----------------------|---|-----|---------------------|----------------|---------------|--|
| INDICATE LAST LEVEL OF EDUCATION COMPLETED | | | | | | | |
| High School | | | | | | | |
| Type of Educa | tion | Name and Location (City, State, Country) | GPA | Did you Graduate | Major or Minor | Degree Earned | |
| | | | | | | | |
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| | | | | | | | |
| Professional certif | ications and licenses | s (such as CPA, NASD series 6) | ı | ı | | | |
| | | | | | | | |
| Computer skills (s | software programs, | hardware, operation systems) | | | | | |
| | | | | | | | |
| Other skills or exp | erience that are per | rtinent to the job applied for | | | | | |
| | | | | | | | |
| MUST BE COM | IPLETED EVEN I | F ATTACHING YOUR RESU | UME | | | | |
| EMPLOYMENT | HISTORY (plea | ase print clearly) | | | | | |
| | | | | | | | |
| List your last t | three employers | s with the most recent firs | st. | | | | |
| If you are currently employed , may we contact your employer YES $\ \square$ NO $\ \square$ | | | | | | | |
| Previous Employe | r: | | | | | | |
| Dates Employed Month/Year | From | | | То | | | |
| Starting Salary \$ | | | | Ending Salary \$ | | | |
| Contact's Phone Number | | | | | | | |
| Contact's Address | | | | | | | |
| Supervisor's Name and Job Title Name | | | | Title | | | |
| Describe your duties: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Reason for leaving: | | | | | | | |
| | | | | | | | |

| Previous Employe | r: | | | | |
|---|-------------|------|--------------|------|--|
| Dates Employed Month/Year | From | | То | | |
| Starting | Salary \$ | | Ending Salar | y \$ | |
| Contact's Phone N | lumber | | | | |
| Contact's Address | i | | | | |
| Supervisor's Name and Job Title | | Name | Title | | |
| Describe your dut | ies: | | | | |
| | | | | | |
| | | | | | |
| Reason for leaving | g: | | | | |
| | | | | | |
| | | | | | |
| Previous Employe | r: | | | | |
| Dates Employed Month/Year | From | | То | | |
| Starting | g Salary \$ | | Ending Salar | y \$ | |
| Contact's Phone N | lumber | | | ' | |
| Contact's Address | | | | | |
| Supervisor's Name and Job Title Name | | Name | Title | | |
| Describe your dut | ies: | | | | |
| | | | | | |
| | | | | | |
| Reason for leaving : | | | | | |
| | | | | | |
| PROFESSIONAL REFERENCES | | | | | |
| please list only references we may contact at this time | | | | | |
| | | | | | |
| Name | | | | | |
| Title | | | | | |
| Company | | | | | |
| Phone Number | Home | | | Work | |
| | | | | | |

| Name | | | | | |
|--|------|------|--|--|--|
| Title | | | | | |
| Company | | | | | |
| Phone Number | Home | Work | | | |
| | | | | | |
| Name | | | | | |
| Title | | | | | |
| Company | | | | | |
| Phone Number | Home | Work | | | |
| | | | | | |
| AFFIDAVIT | | | | | |
| Nonbinding Application and Interview Process: I understand that this application will be reviewed, but nothing in this application or any other documents or in the employment evaluation process shall be construed as either an offer or contact of employment or an obligation on the part of <i>Shelby Gas Association</i> to provide any benefit to me. | | | | | |
| I hereby declare that my statements on this application and on my resume or documents provided by me to <i>Shelby Gas Association</i> , are true and correct to the best of my knowledge. I acknowledge and agree that providing any false information may result in a decision not to hire me, or if hired, may result in the termination of my employment. I also authorize investigation of these statements. This investigation may include employment history, reasons for leaving previous employers, criminal record, credit record, driving record, social security number investigation, and degree/certificate verification. I hereby release <i>Shelby Gas Association</i> from all liability for any damages resulting from the information obtained. This application shall be considered active for a period of time not to exceed 180 days. | | | | | |
| APPLICANTS SIGNATURE: | | | | | |