

Instructions

If you need assistance during any phase of the employment process (e.g. completing the application form), please contact Human Resources at hr@iea.coop or (701) 355-5860. Every effort will be made to accommodate your needs.

General Information

Name (last, first, middle initial) _____

Street Address _____

City _____

State _____

Zip Code _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

E-Mail: _____

Position for which you are applying: _____

Starting salary required: \$ _____ per _____

Are you interested in: Full Time Employment Part Time Employment _____ *If accepted, when can you start?*

Are you related to any ND electric cooperative employees? Yes No

If so, list their names, cooperative names, relationships to you: _____

By who were you referred? _____ Are you at least 18 years of age? Yes No

Innovative Energy Alliance will only hire U.S. citizens and aliens lawfully authorized to work in the U.S.

Are you a U.S. citizen? Yes No If not, are you lawfully authorized to work in the U.S.? Yes No

Have you been convicted of a felony or drug-related offense within the last 7 years? Yes No

(This information will be reviewed for job relatedness and will not necessarily disqualify an applicant from employment.)

If yes, please explain: _____

Have you been given a job-opening announcement that states the essential requirements of the position, or have the essential requirements been explained to you? Yes No

Are you capable of performing with or without reasonable accommodation, the essential functions of the job for which you are applying? Yes No

Education

If your school records are under a different name, please enter that name: _____

High School (Name and Address):

Years completed: _____ Did you graduate? Yes No

College (Name and Address):

Years completed: _____ Did you graduate? Yes No List Diploma or Degree: _____

Course of study (major/minor): _____

Other Name and Address:

Years completed: _____ Did you graduate? Yes No List Diploma or Degree: _____

Are you attending school or taking courses now? Yes No

List Any Scholastic Honors: _____

Skills and Abilities

If applicable to the position for which you are applying, indicate your skills and abilities in the following areas:

Do you have an appropriate valid driver's license? Yes No

Do you have a Commercial Driver's License? Yes No

Class: _____ Endorsements/Restrictions: _____

Can you travel if the position requires? Yes No

List specific software experience: _____

List any additional skills: _____

Equipment operated (bucket truck, trencher, etc.): _____

Employment

List below all present and past employment, beginning with your most recent, including military service. If more than three past employers, please continue on an additional sheet.

1. Company Name & Address:

Phone Number: _____ Type of Business: _____ Job Title: _____

From (Month/Year) _____ To (Month/Year) _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Name(s) of supervisor(s): _____

Duties: _____

Reason for leaving: _____

2. Company Name & Address:

Phone Number: _____ Type of Business: _____ Job Title: _____

From (Month/Year) _____ To (Month/Year) _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Name(s) of supervisor(s): _____

Duties: _____

Reason for leaving: _____

3. Company Name & Address:

Phone Number: _____ Type of Business: _____ Job Title: _____

From (Month/Year) _____ To (Month/Year) _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Name(s) of supervisor(s): _____

Duties: _____

Reason for leaving: _____

May we contact the employers listed above? Yes No

In not, indicate which one(s) you do not wish us to contact: _____

Professional References

Include former colleagues or supervisors who are familiar with your work abilities.

Name	Address & Phone Number	Years Known	Occupation
1.			
2.			
3.			

Remarks

Please add any statements which you feel may help to clarify answers to the questions in this application. Also, you may add any job-related volunteer activities or knowledge, skills, and abilities as they relate to the job for which you are applying. (You may exclude information which would reveal race, religion, age, disability or other protected status.)

Please Read Carefully

I certify that the facts contained in this application are true and complete. I understand that falsified statements on this application shall be considered cause for discharge.

I understand that any offer of employment made by Innovative Energy Alliance is contingent upon the satisfactory results of a medical examination and a drug screen.

I agree to conform to the rules, regulations and policies of the Alliance and acknowledge that these rules, regulations, policies and any other terms and conditions, including benefits, may be changed by the Alliance at any time and without prior notice to me. I further acknowledge and agree that my employment may be terminated, with or without prior notice, at any time, at the will of the Alliance or me, with or without cause.

No representative or employee of the Alliance, with the exception of the CEOs, has the authority to enter into any contract or agreement to the contrary, and then only if such commitment is in a written document signed by the CEOs and the employee.

I acknowledge that I have read and understand these terms.

If signed electronically, it is my intention that the marks made herein constitute my signature for application purposes.

Date: _____ Signature: _____

Please submit this application and all supporting documentation to hr@iea.coop. The completed form must be saved to your computer and emailed as an attachment. No postal mail applications will be accepted.