




A Touchstone Energy® Cooperative 

Application for Employment

Sun River Electric Cooperative, Inc.
PO Box 309
310 1st Avenue South
Fairfield, MT 59436
Phone: 406.467.2576 | Fax: 406.467.3108

Applicant Information

Date of Application: _____

Last Name: _____ First Name/MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Position Applying For: _____

Are you currently employed: Yes No May we contact your current employer? Yes No

Salary Desired (Annual): \$_____

Are you eligible to work for any United States employer at this time? Yes No

Can you, after employment, submit proof of U.S. Citizenship? Yes No

Have you previously been employed with Sun River Electric Cooperative, Inc. or another co-op? Yes No

If yes, indicate position, department, and dates: _____

Do you have any relatives employed at Sun River Electric Cooperative, Inc.? Yes No

If yes, please state their name and relationship to you: _____

Do you have a valid driver's license? Yes No

Do you have a valid Commercial Driver's License (CDL)? Yes No

Can you travel if the position requires travel? Yes No

Have you ever been convicted of, pleaded guilty, or "no contest" to any crime (other than a minor traffic violation) and/or received deferred adjudication? Yes No

(An affirmative response will not automatically disqualify you from being considered for employment)

If "yes", please explain: _____

Employment History

Please give a complete record of your employment, including periods of unemployment, if any. Begin with your most recent employment and work back in time. You may attach supplementary sheet(s) if additional space is needed.

Please complete this section even if your resume is attached.

Name of Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Employed From: _____ To: _____

Type of Business: _____ Average Hours Per Week: _____

Supervisors Name: _____ Phone Number: _____

Duties: _____

Reason for Leaving: _____

Name of Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Employed From: _____ To: _____

Type of Business: _____ Average Hours Per Week: _____

Supervisors Name: _____ Phone Number: _____

Duties: _____

Reason for Leaving: _____

Name of Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Employed From: _____ To: _____

Type of Business: _____ Average Hours Per Week: _____

Supervisors Name: _____ Phone Number: _____

Duties: _____

Reason for Leaving: _____

Education and Training History

Schools Attended	Name, City, State	Degree Major/ Course Study	Number of Years Completed	Diploma/ Degree/ License
High School				
Business School				
College/University				
Graduate School				
Trade School				
Professional Certifications and Licenses				

List any other education, training, special skills, certificates, or licenses that you have related to this job: _____

Affidavit

The information you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment with Sun River Electric Cooperative, Inc.; if hired, may be grounds for termination at a later date.

Signature

Date