



Telecommunications
Electric
Water
Gas

2412 Southwest Ave
PO Box 71
Harlan, IA 51537-0071

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Greetings!

Thank you for applying for our opening.

In order to make this go as quickly and easily as possible for everyone, here are some guidelines for filling out the application.

Only applications received during the listed time frame for posted and advertised openings will be accepted. HMU does not accept nor solicit applications when there are no posted or advertised openings.

Please do not fill out an application until you have read and understand the Job Description duties of the open position. If a Job Description is not readily available, please request one.

All parts and blanks of the application must be filled out including signature and date on the back page. **No unsigned applications will be accepted.** Please do not substitute a resume for completing the application.

Please list your main job duties and functions under Employment Experience. "See Resume" will not be considered a valid substitute.

Applications will be accepted through January 22, 2021 at 4:30 pm.

If you have any questions regarding the position please contact either Jennifer Kelly via email at jkelly@hmunet.com.

Thank you for your interest in employment at Harlan Municipal Utilities.

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Employer Website	<input type="checkbox"/> Social Media	
<input type="checkbox"/> Radio	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Employee	
Last Name		First Name	
		Middle Name	
Address	Number	Street	City
			State
		Zip Code	
Telephone Number(s)		Email Address	

Best time to contact you: : ____ AM/PM

Best way to contact you: ____ Phone call ____ Text ____ Email

Are you at least 18 years of age?..... Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed?..... Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of
 Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work:

Full-Time (please indicate ____ Weekdays ____ Weekends ____ Evenings)

Part-Time (please indicate ____ Weekdays ____ Weekends ____ Evenings)

Temporary (please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Degree (Specify)
Elementary School				
High School				DIPLOMA YES OR NO
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Are you currently or have you been in the US Military?
 Yes No

If so, please list time periods and any job-related training received.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (EQUIPMENT OPERATED)

<u>MACHINERY/OFFICE EQUIPMENT</u>	<u>SOFTWARE</u>	<u>OTHER</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

REFERENCES

1.	()	
	(Name)	Phone#
	(Address)	Relationship
2.	()	
	(Name)	Phone#
	(Address)	Relationship
3.	()	
	(Name)	Phone#
	(Address)	Relationship

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I authorize Harlan Municipal Utilities to investigate all statements contained in my application for employment and to investigate my qualifications, education, training, and work experience.

I authorize Harlan Municipal Utilities to do a background check.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date

FOR OFFICE USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Arrange Interview Yes No Date & Time _____

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

Department _____

By _____ DATE _____
NAME AND TITLE

Position Title: **MARKETING ASSOCIATE**
Pay Range: H6-H12
Residency Classification: Non-Emergency
Status: Non-Exempt
Supervisory Responsibilities: None
Reports to: Director of Telecommunications



- **Certificates, Licenses, Registrations:** Must possess a valid Iowa driver's license. Must follow all Federal, State, local and Harlan Municipal Utilities drug, alcohol and safety policies.
- **Physical Demands:** None beyond normal talking, hearing, walking, standing, sitting and vision. Frequent carrying of equipment should be expected.

Lifting: Up to 45 pounds to/from floor to/from vehicle.

Push/Pull: Up to 75 pounds of equipment on a dolly cart indoors/outdoors, over curbs, on uneven terrain and multiple types of surfaces.

- **Work Environment:** The work environment is that which is typical of a basic office structure. Sales and production work often requires exposure to the elements (heat, cold, rain, snow) and some vehicular travel in the performance of established duties. Hours of work vary.

This position description has been developed to enhance the communication of the job in conjunction with performance expectations between the employee and supervisor. The information contained in the position description is designed to reflect the characteristics of the job. From time to time, the employee may be expected to perform duties that are not reflected in this description. This information will be reviewed on a regular basis for modification and change. Either the employee or management may initiate this review at any time.

Employee Signature

Supervisor

Date

Date