

APPLICATION FOR EMPLOYMENT

COMPLETE ENTIRE FORM
 TRI-COUNTY ELECTRIC COOPERATIVE, INC. WILL NOT ACCEPT AN INCOMPLETE APPLICATION

Qualified applicants will be considered without regard to race, religion, color, sex, national origin, age, disability or status as a disabled or Vietnam Era Veteran. This application will be given every consideration; however, its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Position applied for (be specific):

Date of Application:

How did you learn of this opening?

PERSONAL DATA

Name (Last/First/Middle)

Social Security Number

Phone - Home
- Work

Mailing/Street Address

City/State/Zip

Are you over 18 years old? "Yes" "No"

Are you a U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis? "Yes" "No"
 Proof of citizenship or immigration status will be required upon employment.

Are you related to any Tri-County employee or Trustee? "Yes" "No" If yes, to whom?

Have you been previously employed by Tri-County? "Yes" "No" If yes, what was your position?

Have you ever been convicted of a felony? "Yes" "No"
 If yes, please explain. Conviction will not necessarily disqualify an applicant for employment.

Would you work full or part time? Specify days and hours, if part time.

Are you willing to work overtime as required? "Yes" "No"

If your application is favorable, what date will you be available for work?

Answer this question only after reviewing the applicable job description! Are you able to perform the essential job functions with or without reasonable accommodation? "Yes" "No"

EDUCATION RECORD

School	Name and address of School	Course of Study	Check Last Year Complete				Did You Graduate?	List Diploma or Degree
			1	2	3	4		
High School/GED			1	2	3	4	"Yes" "No"	
College			1	2	3	4	"Yes" "No"	
Other (Specify)			1	2	3	4	"Yes" "No"	

MILITARY RECORD

Have you been in the U.S. Military? "Yes" "No"

If yes, what branch?

Rank at discharge?

Are you a Reservist? "Yes" "No" If yes, please describe duties?

Summarize any special skills and/or qualifications acquired from employment or other experience.

If applicable to the position you are seeking, indicate any special license you hold.

Please include any information you think would be beneficial to Tri-County Electric in considering you for employment.

It is important that all employed time be listed accurately. Begin with your present or your last job. Account for all periods of time including military service and any periods of unemployment.

Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Reason for leaving	Supervisor
	Mo.	Yr.	Mo.	Yr.			
Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Reason for leaving	Supervisor
	Mo.	Yr.	Mo.	Yr.			
Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Reason for leaving	Supervisor
	Mo.	Yr.	Mo.	Yr.			
Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Reason for leaving	Supervisor
	Mo.	Yr.	Mo.	Yr.			

PERSONAL REFERENCES

Name and Occupation	Address	Phone Number	Year's Known

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

- I hereby certify the statements and information in this application are true and correct. I also understand that any false information contained herein shall be considered as sufficient reason for rejection of this application or for dismissal from employment if such false information is discovered after my employment with Tri-County has already started.
- I authorize Tri-County to request information concerning me, my work habits, character and skill from each former employer, references, firm and corporation identified in this job application, except where otherwise indicated.
- I also expressly release all former employers, references, firms and corporations identified in this job application from any and all liability in providing information to Tri-County concerning me, my work habits, character and skill in connection with this job application.
- I further understand that post-offer physical exams, drug test and background check are a condition of employment and refusal to take such tests will subject me to termination.
- I understand that employment at Tri-County Electric Cooperative, Inc. is "at will" which means that either I or Tri-County can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

I have read and fully understand the above statements. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Applicant:	Date:

ADDITIONAL INFORMATION

This page is provided for applicants to add any information requested on the previous pages that would not fit in the space provided.

Tri-County Electric Cooperative Employee Self-Identification Form

TCEC is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, TCEC invites employees to voluntarily self-identify their race or ethnicity. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

Employee Name _____

MALE FEMALE

WHITE (not Hispanic or Latino) BLACK or AFRICAN AMERICAN (not Hispanic or Latino)

HISPANIC OR LATINO ASIAN (not Hispanic or Latino)

AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino)

NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino)

TWO or MORE RACES (not Hispanic or Latino)

TCEC is also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment protected veterans in the following categories:

- A “disabled veteran” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____