

# Southwest Arkansas Electric Cooperative Corporation

2904 E. 9<sup>th</sup> St.  
Texarkana, Arkansas 75504  
870-772-2743

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Note: Applicants applying for positions that require them to drive Cooperative commercial motor vehicles must also fill out the Driver's Supplemental Application for Employment.

This application will be considered only for the vacant position for which you are applying. To be considered for other vacant positions, a new application must be filed. The following information is requested in order to help us make the best possible placement within the Cooperative. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form.

**All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, national origin, disability or veteran status.**

**SOUTHWEST ARKANSAS ELECTRIC COOPERATIVE CORPORATION IS AN  
EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.**

### PLEASE PRINT

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
(Street)

\_\_\_\_\_ Alternate No.: \_\_\_\_\_  
(City) (State) (Zip)

Do you have the legal right to work in the United States?  Yes  
 No

How were you referred to the Cooperative? \_\_\_\_\_

Have you ever applied for a job with the Cooperative?  Yes  
If yes, when? \_\_\_\_\_  No

Have you ever worked at the Cooperative before?  Yes  
If yes, when? \_\_\_\_\_  No

Position for which you are applying (be specific): \_\_\_\_\_

Salary Expected: \$ \_\_\_\_\_ per \_\_\_\_\_

Are you a relative, either by blood or marriage, of any employee or Director of the Cooperative?  Yes  
 No

Are you at least eighteen years of age?  Yes  
 No

In what state or states do you possess a valid and current driver's license?

State: \_\_\_\_\_ License No.: \_\_\_\_\_ State: \_\_\_\_\_ License No.: \_\_\_\_\_

State: \_\_\_\_\_ License No.: \_\_\_\_\_ State: \_\_\_\_\_ License No.: \_\_\_\_\_

In what state or states have you ever possessed a driver's license?

State: \_\_\_\_\_ License No.: \_\_\_\_\_ State: \_\_\_\_\_ License No.: \_\_\_\_\_

State: \_\_\_\_\_ License No.: \_\_\_\_\_ State: \_\_\_\_\_ License No.: \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?  Yes  
 No  
*(See attached sheet for a list of the essential functions of the job for which you are applying.)*

If you are selected for employment, on what date can you start work? \_\_\_\_\_

List any training or special skills you have that are relevant to the position for which you are applying.

\_\_\_\_\_

What language(s) do you speak other than English? \_\_\_\_\_

List your membership in any professional or technical organizations that are related to the job requirements of the position for which you are applying. (Exclude those that may disclose your race, color, religion, sex (including pregnancy), national origin, ancestry, age, the presence of any sensory, mental or physical disability, genetic information, veteran status, or union affiliations.)

\_\_\_\_\_

\_\_\_\_\_

Apart from absence for religious observation, are you available to work from 8 a.m. to 5 p.m., Monday through Friday?  Yes  
 No

If not, what hours can you work? \_\_\_\_\_

Will you work overtime if asked?  Yes  No      Are you willing to work after hours call-out duty and on-call assignments?  Yes  No

Have you ever been convicted of a felony?  Yes  
If yes, give details, including jurisdiction (state and county) where such conviction occurred.  No

\_\_\_\_\_

*(Criminal convictions are not an absolute bar to employment. They will only be considered in relation to specific job requirements.)*

Have you ever been convicted of a power (electricity) theft or power diversion?  Yes  
 If yes, give details, including jurisdiction (state and county) where such conviction occurred.  No

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**EDUCATION**

	School Name	Address	No. of Years Attended	Degree	Major
<input type="checkbox"/>	High				
<input type="checkbox"/>	College				
<input type="checkbox"/>	Other				
<input type="checkbox"/>	Courses now studying				

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**PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY**

List special training or noteworthy achievements. Please attach your resume.

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**CLERICAL AND SECRETARIAL APPLICANTS ONLY**

Place one check for knowledge. Place two checks for experience.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 10-Key           | <input type="checkbox"/> Internet          | <input type="checkbox"/> Network Software  |
| <input type="checkbox"/> A/R and/or A/P   | <input type="checkbox"/> Load Management   | <input type="checkbox"/> Payroll System    |
| <input type="checkbox"/> Amipro           | <input type="checkbox"/> Lotus             | <input type="checkbox"/> PBX System        |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Microsoft Excel   | <input type="checkbox"/> Personal Computer |
| <input type="checkbox"/> Data Entry       | <input type="checkbox"/> Microsoft Windows | <input type="checkbox"/> Proofreading      |
| <input type="checkbox"/> E-Mail           | <input type="checkbox"/> Microsoft Word    | <input type="checkbox"/> Typing ___ wpm    |
| <input type="checkbox"/> Fax Machine      |  |  |

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**TRADES, CRAFTS, AND TECHNICAL APPLICANTS ONLY**

Place one check for knowledge. Place two checks for experience.

- |  |   |
|--|---|
| <input type="checkbox"/> Warehousing                         | <input type="checkbox"/> Electrical hand tools                              |
| <input type="checkbox"/> Computer inventory methods          | <input type="checkbox"/> Electrical safety                                  |
| <input type="checkbox"/> Radio communication and operation   | <input type="checkbox"/> Lay out work orders                                |
| <input type="checkbox"/> Prepare work orders                 | <input type="checkbox"/> Load management systems                            |
| <input type="checkbox"/> Basic electricity                   | <input type="checkbox"/> Meter reading                                      |
| <input type="checkbox"/> Tree trimming                       | <input type="checkbox"/> Collecting consumer accounts                       |
| <input type="checkbox"/> Brush clearing                      | <input type="checkbox"/> Handling consumer concerns                         |
| <input type="checkbox"/> Clearing machinery                  | <input type="checkbox"/> Connecting and disconnecting meters                |
| <input type="checkbox"/> Material control                    | <input type="checkbox"/> Electrical mapping systems                         |
| <input type="checkbox"/> Perpetual inventory                 | <input type="checkbox"/> Load switching                                     |
| <input type="checkbox"/> Automotive maintenance              | <input type="checkbox"/> Substation construction                            |
| <input type="checkbox"/> Painting and bodywork on vehicles   | <input type="checkbox"/> Line construction                                  |
| <input type="checkbox"/> Transformer banks                   | <input type="checkbox"/> Pole inspection                                    |
| <input type="checkbox"/> Electric and gas welding            | <input type="checkbox"/> Regulators, capacitors, breakers and switches      |
| <input type="checkbox"/> Hotline work, primary and secondary | <input type="checkbox"/> Underground experience, (primary and/or secondary) |

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**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name and Occupation	Address	Phone Number

# EMPLOYMENT RECORD

(Most recent employer first)

Dates	Name and Address of Employer	Job Title and Brief Description of Duties	Salary	Exact Reason for Leaving
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
	Phone:			
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
	Phone:			

Attach additional sheets if necessary.

**IMPORTANT! READ THIS:**

**CERTIFICATION**

**I CERTIFY THAT ALL INFORMATION PROVIDED IN SUPPORT OF MY EMPLOYMENT WITH THE COOPERATIVE, INCLUDING BUT NOT LIMITED TO THIS APPLICATION, RESUMES, MEDICAL INFORMATION, AND INFORMATION PROVIDED BY ME DURING INTERVIEWS, IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF RELEVANT FACTS IN SEEKING EMPLOYMENT WILL RESULT IN MY DISQUALIFICATION FROM FURTHER CONSIDERATION OR MY DISMISSAL FROM EMPLOYMENT. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COOPERATIVE, AND I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF THE COOPERATIVE OR MYSELF. I FURTHER UNDERSTAND THAT NO PERSON IS AUTHORIZED TO MAKE ANY REPRESENTATION CONTRARY TO THE ABOVE STATEMENT UNLESS SUCH REPRESENTATION IS APPROVED BY THE BOARD OF DIRECTORS AND IS EMBODIED IN A WRITTEN AGREEMENT SIGNED BY THE CHAIRMAN OF THE BOARD OR THE PRESIDENT AND CEO OF THE COOPERATIVE. I FURTHER UNDERSTAND THAT IF OFFERED EMPLOYMENT, I WILL BE REQUIRED TO TAKE A PHYSICAL EXAMINATION AND THAT SUCH EXAMINATION WILL INCLUDE BLOOD, BREATH, URINE, OR SALIVA TESTS TO DETERMINE THE PRESENCE OR USE OF ALCOHOL OR ILLEGAL CONTROLLED SUBSTANCES.**

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Signature of Applicant

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Date

**FOR EMPLOYER'S USE ONLY**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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**EMPLOYMENT REFERENCE CHECK**

Employer	Person Contacted	Date	Results

**PERSONAL REFERENCE CHECK**

Person	Date	Comments

**ACTION**

No Action                       Interview - No Position Offered                       Position Offered:

Date: \_\_\_\_\_

Position: \_\_\_\_\_

Date Accepted: \_\_\_\_\_

## Job Reference Consent Form

I, \_\_\_\_\_, (insert applicant's name) hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to Southwest Arkansas Electric Cooperative Corporation. This information may include: (1) date and duration of my employment; (2) current pay rate and wage history; (3) job description and duties; (4) the last written performance evaluation prepared prior to the date of the request; (5) attendance information; (6) results of drug or alcohol tests administered within one year prior to the request; (7) threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee; (8) whether I was voluntarily or involuntarily separated from employment and the reasons for my separation; and (9) whether I am eligible for rehire.

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Applicant's Signature

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Date

This consent is valid only for the length of time the application is considered active by the Cooperative, but in no event longer than six months.



# Southwest Arkansas Electric Cooperative Corporation

## Voluntary Self-Identification of Race, Ethnicity and Gender

Southwest Arkansas Electric Cooperative Corporation (hereinafter "the Cooperative") is subject to certain federal governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Cooperative invites applicants/employees to voluntarily self-identify their race, ethnicity and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will 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 annually to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

### ETHNICITY

- Hispanic or Latino*** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
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### RACE

- American Indian or Alaska Native (not Hispanic or Latino)*** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian (not Hispanic or Latino)*** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American (not Hispanic or Latino)*** - A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)*** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (not Hispanic or Latino)*** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races (not Hispanic or Latino)*** - All persons who identify with more than one of the above five races.
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### GENDER

- Male
- Female
- 

Applicant's/Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If an employee declines to self-identify, employment records or observer identification may be used.

## **Invitation to Self-Identify as a Veteran of the Vietnam Era, Recently Separated Veteran or Other Protected Veteran**

Southwest Arkansas Electric Cooperative Corporation is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which requires Government contractors to take affirmative action to employ and advance in employment qualified special disabled veterans, veterans of the Vietnam era, recently separated veterans, and other protected veterans..

If you are a veteran of the Vietnam era, a recently separated veteran, or other protected veteran, we would like to include you under our Affirmative Action Program. If you would like to be included under the Program, please tell us. The term "veteran of the Vietnam era" refers to a person who served on active duty for a period of more than 180 days, and who was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975, or (ii) between August 5, 1964, and May 7, 1975, in all other cases. The term also refers to a person who was discharged or released from active duty or a service-connected disability, if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961, and May 7, 1975, or between August 5, 1964, and May 7, 1975, in all other cases. The term "recently separated veteran" refers to any veteran during the one-year period beginning on the date of such veteran's discharge or release from active duty. The term "other protected veteran" refers to a person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.

You may inform us of your desire to benefit under the Program at this time and/or at any time in the future. 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 special 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 Department of Labor's Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Southwest Arkansas Electric Cooperative Corporation reaffirms that it will not discriminate because of status as a special disabled veteran, veteran of the Vietnam era, recently separated veteran, or other protected veteran and shall take affirmative action to employ and advance in employment qualified special disabled veterans, veterans of the Vietnam era, recently separated veterans, and other protected veterans at all levels of employment, including the executive level.

I would like to self-identify as:

- a veteran of the Vietnam era.       a recently separated veteran.       other protected veteran.  
 I am not a protected veteran

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Applicant's/Employee's Name

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Date

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Position(s) Applied For

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 11 of 12

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I 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:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**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.

COMPLETE ONLY IF POSITION REQUIRES CDL

## DRIVER'S SUPPLEMENTAL APPLICATION FOR EMPLOYMENT

Applicant's Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(print or type)

**Southwest Arkansas Electric Cooperative Corporation**  
**2904 East Ninth Street**  
**Texarkana, Arkansas 72854**

**All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, national origin, disability or veteran status.**

### TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 C.F.R. §§ 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY APPLICANT

(answer all questions – please print or type)

Position(s) Applied For \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

(Information received in response to the request for your date of birth will not be used to discriminate on the basis of age against any applicant for employment or employee. Such information is requested to comply with the requirements of 49 C.F.R. § 391.21(b)(2).)

Do you have the legal right to work in the United States?  Yes  No

Can you perform the essential functions of the job for which you have applied as described by the job posting?  
 Yes  No

**List your addresses of residency for the past three years.**

Current Address \_\_\_\_\_  
Street City  
State Zip Code Phone How Long? \_\_\_\_\_  
yr./mo.

Previous  
Addresses

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional seven years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add additional sheets as necessary.)

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS			
CITY	STATE ZIP		
CONTACT PERSON	PHONE NUMBER		
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS			
CITY	STATE ZIP		
CONTACT PERSON	PHONE NUMBER		
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS			
CITY	STATE ZIP		
CONTACT PERSON	PHONE NUMBER		
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON		PHONE NUMBER		
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON		PHONE NUMBER		
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

\*Includes: vehicles having a gross combination weight rating of 26,001 lbs. or more inclusive of a towed unit with a GVWR of more than 10,000 lbs.; vehicles having a GVWR of 26,001 lbs. or more; vehicles designed to transport 16 or more passengers, including the driver; OR any size vehicle used in the transportation of hazardous materials as defined in 49 C.F.R. Part 383.

<sup>†</sup>The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST THREE YEARS. IF NONE, WRITE NONE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES (OTHER THAN PARKING VIOLATIONS) FOR THE PAST THREE YEARS, IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)





## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to Southwest Arkansas Electric Cooperative Corporation for the purpose of investigation as required by 49 C.F.R. §§ 391.23 and 383.35. You are released From any and all liability which may result from furnishing such information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Dear Sir/Madam:

The below named individual has made application to this company for a position as \_\_\_\_\_ and states that he/she has was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy,

Sincerely,

\_\_\_\_\_  
Name of Applicant: \_\_\_\_\_ Social Security No. \_\_\_\_\_

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_ at a wage or salary of \_\_\_\_\_.

2. Reason for leaving your employ:  Discharge  Resignation  Layoff  Military Duty

3. Was his/her general conduct satisfactory?  Yes  No

4. Did he/she drive a motor vehicle for you?  Yes  No

If so, please check all that apply:  Straight Truck  Tractor-Semitrailer  Bus

Other (Specify) \_\_\_\_\_.

5. Was he/she a safe efficient driver?  Yes  No

6. Was he/she involved in any accidents<sup>1</sup> during the previous three years?  Yes  No

If so, please complete the following:

Driver's Name: \_\_\_\_\_

<sup>1</sup> Accident is defined as an occurrence involving a commercial motor vehicle operating on a highway in interstate or intrastate commerce which results in: (i) a fatality; (ii) bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or (iii) one or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle(s) to be transported away from the scene by a tow truck or other motor vehicle.

ACCIDENT RECORD

Date of Accident	City, State Where Accident Occurred	Number of Injuries	Number of Fatalities	Were hazardous materials released (other than fuel from the CMV's fuel tank)?

Are there any other accidents the driver was involved in that you wish to provide?  Yes  No

If yes, please give details: \_\_\_\_\_

NOTE: Until May 1, 2006, carriers need only provide information for accidents that occurred after April 29, 2003.

8. Was the driver/applicant employed in a safety-sensitive function that required alcohol and controlled substances testing, as specified by 49 C.F.R. part 40, within the previous three years?  Yes  No  
 If so, please complete the following.

a. Did the driver/applicant violate the alcohol and controlled substances prohibitions under 49 C.F.R. part 382, subpart B, or 49 C.F.R. part 40, subpart O?  Yes  No

b. Did the driver/applicant fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to 49 C.F.R. § 382.605 or 49 C.F.R. part 40, subpart O?  Yes  No

c. If the driver/applicant successfully completed a SAP's rehabilitation referral, and remained in your employ, please provide information on whether the driver/applicant had the following testing violations subsequent to completion of a referral under 49 C.F.R. § 382.605 or 49 C.F.R. part 40, subpart O:

- alcohol tests with a result of 0.04 or higher alcohol concentration;
- verified positive drug tests; or
- refusals to be tested.

Please give details: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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Any other remarks \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (please print of type): \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_