

# Southwest Arkansas Electric Cooperative Corporation

2904 E. 9<sup>th</sup> St., Texarkana, AR 71854 870-772-2743

## Application for Employment

DATE: \_\_\_\_\_

This application will be considered only for the vacant position for which you are applying. This application is a legal document and all portions must be completed and signed to be valid.

In compliance with federal law, all persons offered employment will be required to verify their identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

## Personal Information (please print or type)

Name:			
Mailing Address: city, state & zip			
Mobile Number:		Alternate Number:	
Email Address:		Are you at least 18 years of age? Yes No	
Have you ever been convicted of a felony? Yes No		If you answered yes, to either of the above questions, provide details including jurisdiction (state & county) where conviction occurred. <i>Criminal convictions are not an absolute bar to employment and will only be considered in relation to specific job requirements.</i>	
Have you ever been convicted of a power (electricity) theft or power diversion? Yes No			
In what state or states do you possess a valid & current driver's License?			
State: Number:		State: Number:	
In what state or states have you ever possessed a driver's license?			
State: Number:		State: Number:	
Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation:		Yes No	
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	

## Position

Position for which you are applying (be specific).

How did you learn of this position:	Have you ever worked for this Cooperative? Yes No		
Have you ever applied for a job with this Cooperative? Yes No	If yes, when?		
Are you a relative, either by blood or marriage, of any employee or Director? Yes No			
If you are selected for employment, on what date can you start work?			
List all training or special skills you have that are relevant to the position for which you are applying.			

## Education

School Name	Address		Degree Received	Major

# Southwest Arkansas Electric Cooperative Corporation & Subsidiaries

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## Personal References (not relatives)

Name & Occupation	Address	Phone Number

## Employment History (Most recent employer first)

Dates	Name and Address of Employer	Job Title & Duty Description	Exact Reason for Leaving
From:   To:			
		Supervisor:	May we contact them?
	Phone:		Yes ____ No ____
From:   To:			
		Supervisor:	May we contact them?
	Phone:		Yes ____ No ____
From:   To:			
		Supervisor:	May we contact them?
	Phone:		Yes ____ No ____
From:   To:			
		Supervisor:	May we contact them?
	Phone:		Yes ____ No ____

Attach additional sheets if necessary.

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

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## Certification (Important! Read This!)

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 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 written agreement signed by the Chairman or President & CEO of the Cooperative.

I further understand that if offered employment, I will be required to take a physical examination and that such examination may include blood, breath, urine or saliva tests to determine the presence or use of alcohol or illegal controlled substances.

Name (Please Print)

Date

Signature of Applicant

## Professional and Managerial Applicants Please attach your resume.

### FOR EMPLOYER'S USE ONLY

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

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

### 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: \_\_\_\_\_

**Pre-Offer Invitation to Self-Identify as a Protected Veteran**

**Southwest Arkansas Electric Cooperative Corporation**

**"Pre-Offer" Invitation to Self-Identify as a Protected Veteran**

Southwest Arkansas Electric Cooperative Corporation is a Government contractor 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: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- 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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- ☐ **I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE**
- ☐ **I AM NOT A PROTECTED VETERAN**

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 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.

Southwest Arkansas Electric Cooperative Corporation shall not discriminate against protected veterans and shall take affirmative action to employ and advance in employment qualified protected veterans at all levels of employment, including the executive level. Furthermore, Southwest Arkansas Electric Cooperative Corporation will recruit, hire, train and promote persons in all job titles, and ensure that all other personnel actions are administered without regard to protected veteran status and will ensure that all employment decisions are based only on valid job requirements.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



## Voluntary Self-Identification of Disability Form CC-305 OMB Control Number 1250-0005 exp 5/31/2023

<b>Voluntary Self-Identification of Disability</b>				
Form CC-305 Page 1 of 1	OMB Control Number 1250-0005 Expires 04/30/2026			
Name: Employee ID:	Date:			
(if applicable)				
<b>Why are you being asked to complete this form?</b>				
<p>We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.</p> <p>Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at <a href="http://www.dol.gov/ofccp">www.dol.gov/ofccp</a>.</p>				
<b>How do you know if you have a disability?</b>				
<p>A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. <b>Disabilities include, but are not limited to:</b></p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 33%;"> <ul style="list-style-type: none"> <li>Alcohol or other substance use disorder (not currently using drugs illegally)</li> <li>Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS</li> <li>Blind or low vision</li> <li>Cancer (past or present)</li> <li>Cardiovascular or heart disease</li> <li>Celiac disease</li> <li>Cerebral palsy</li> <li>Deaf or serious difficulty hearing</li> <li>Diabetes</li> </ul> </td> <td style="vertical-align: top; width: 33%;"> <ul style="list-style-type: none"> <li>Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders</li> <li>Epilepsy or other seizure disorder</li> <li>Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome</li> <li>Intellectual or developmental disability</li> <li>Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD</li> <li>Missing limbs or partially missing limbs</li> <li>Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports</li> </ul> </td> <td style="vertical-align: top; width: 33%;"> <ul style="list-style-type: none"> <li>Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)</li> <li>Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities</li> <li>Partial or complete paralysis (any cause)</li> <li>Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema</li> <li>Short stature (dwarfism)</li> <li>Traumatic brain injury</li> </ul> </td> </tr> </table>		<ul style="list-style-type: none"> <li>Alcohol or other substance use disorder (not currently using drugs illegally)</li> <li>Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS</li> <li>Blind or low vision</li> <li>Cancer (past or present)</li> <li>Cardiovascular or heart disease</li> <li>Celiac disease</li> <li>Cerebral palsy</li> <li>Deaf or serious difficulty hearing</li> <li>Diabetes</li> </ul>	<ul style="list-style-type: none"> <li>Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders</li> <li>Epilepsy or other seizure disorder</li> <li>Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome</li> <li>Intellectual or developmental disability</li> <li>Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD</li> <li>Missing limbs or partially missing limbs</li> <li>Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports</li> </ul>	<ul style="list-style-type: none"> <li>Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)</li> <li>Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities</li> <li>Partial or complete paralysis (any cause)</li> <li>Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema</li> <li>Short stature (dwarfism)</li> <li>Traumatic brain injury</li> </ul>
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<b>Please check one of the boxes below:</b>				
<p> <input type="checkbox"/> Yes, I have a disability, or have had one in the past  <input type="checkbox"/> No, I do not have a disability and have not had one in the past  <input type="checkbox"/> I do not want to answer         </p>				
<p><b>PUBLIC BURDEN STATEMENT:</b> 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.</p>				
<b>For Employer Use Only</b>				
<p>Employers may modify this section of the form as needed for recordkeeping purposes.</p> <p style="text-align: center;">For example:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Job Title:</td> <td style="width: 50%;">Date of Hire:</td> </tr> </table>		Job Title:	Date of Hire:	
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