



Date: _____

Application for Employment

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

This application will be considered active for a period of three (3) months, after which it shall be retired to an inactive file. To be considered for employment after the expiration of this application, 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 positions of this application pertaining to you must be completed. We appreciate the time you spend in completing this application form.

The Cooperative, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, sexual orientation, gender identity, national origin, disability, or protected veteran status. The Cooperative also is required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ women, minorities, otherwise qualified disabled individuals, and protected veterans.

East Central Oklahoma Electric Cooperative, Inc. is an equal opportunity provider and employer.

PLEASE PRINT

Last Name _____ First Name _____ Middle Name _____

Mailing Address _____ City _____ State _____ ZIP _____

Telephone Number (____) _____ Alternate Number (____) _____

Position for which you are applying (be specific) _____

Salary expected _____ per _____

Are you currently authorized to work in the United States on a full-time basis for any employer?
_____ YES _____ NO If YES, will you require now or in the near future employment visa
sponsorship? (i.e., H-1B visa) _____ YES _____ NO

How were you referred to the Cooperative? _____

Are you related to any employee or board member of the Cooperative? _____ YES _____ NO

Have you ever applied for a job with the Cooperative? _____ YES _____ NO

If yes, when? _____

Have you ever worked at this or any other electric Cooperative before? _____ YES _____ NO

If yes, when? _____ Where? _____

Are you at least eighteen (18) years of age? _____ YES _____ NO

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

Can you perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? _____ YES _____ NO (See job description for a list of 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

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 age, race, religion, color, sex, sexual orientation, gender identity, national origin, physical or mental disability, protected veteran status, or union affiliations.)

Apart from absence for religion observations, 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 _____ NO

If yes, give details, including jurisdiction (state and county) where such conviction occurred. _____

Have you ever been convicted of a power (electricity) theft or power diversion? _____ YES _____ NO

If yes, give details, including jurisdiction (state and county) where such conviction occurred. _____

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

PERSONAL REFERENCES (Not relatives)

Name and occupation _____

Address _____

Telephone (_____) _____

Name and occupation _____

Address _____

Telephone (_____) _____

Name and occupation _____

Address _____

Telephone (_____) _____

Name and occupation _____

Address _____

Telephone (_____) _____

EDUCATION

High School Name _____ City, State _____

Number of years attended _____ Degree _____

College Name _____ City, State _____

Number of years attended _____ Degree _____

Major _____

Courses now studying _____

Other education _____

EMPLOYMENT RECORD (Most recent employer first)

From: _____ To: _____

Employer name: _____

Address, City, State, Zip: _____

Job Title: _____

Brief description of duties: _____

Salary: _____

Exact reason for leaving: _____

Supervisor: _____

May we contact them? _____ YES _____ NO

Telephone: _____

From: _____ To: _____

Employer name: _____

Address, City, State, Zip: _____

Job Title: _____

Brief description of duties: _____

Salary: _____

Exact reason for leaving: _____

Supervisor: _____

May we contact them? _____ YES _____ NO

Telephone: _____

From: _____ To: _____

Employer name: _____

Address, City, State, Zip: _____

Job Title: _____

Brief description of duties: _____

Salary: _____

Exact reason for leaving: _____

Supervisor: _____

May we contact them? _____ YES _____ NO

Telephone: _____

From: _____ To: _____

Employer name: _____

Address, City, State, Zip: _____

Job Title: _____

Brief description of duties: _____

Salary: _____

Exact reason for leaving: _____

Supervisor: _____

May we contact them? _____ YES _____ NO

Telephone: _____

PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY

List special training or noteworthy achievements. Please attach resume.

CLERICAL AND SECRETARIAL APPLICANTS ONLY

Place 1 check for knowledge. Place 2 checks for experience.

- | | |
|--|---|
| <input type="checkbox"/> Word processor | <input type="checkbox"/> Data process entry |
| <input type="checkbox"/> Handling consumer concerns | <input type="checkbox"/> Keyboard typing ____ wpm |
| <input type="checkbox"/> Calculating machine | <input type="checkbox"/> Shorthand ____ wpm |
| <input type="checkbox"/> Switchboard | <input type="checkbox"/> Personal computer |
| <input type="checkbox"/> Proofreading | <input type="checkbox"/> Load management systems |
| <input type="checkbox"/> Accounts receivable, payable or payroll | |

TRADES, CRAFTS AND TECHNICAL APPLICANTS ONLY

Place 1 check for knowledge. Place 2 checks for experience.

- | | |
|--|---|
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Radio communication and operation |
| <input type="checkbox"/> Computer inventory methods | <input type="checkbox"/> Pole inspection |
| <input type="checkbox"/> Lay out work orders | <input type="checkbox"/> Load management systems |
| <input type="checkbox"/> Prepare work orders | <input type="checkbox"/> Meter reading |
| <input type="checkbox"/> Basic electricity | <input type="checkbox"/> Collecting consumer accounts |
| <input type="checkbox"/> Tree trimming | <input type="checkbox"/> Handling consumer concerns |
| <input type="checkbox"/> Brush clearing | <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"/> Electric and gas welding | <input type="checkbox"/> Transformer banks |
| <input type="checkbox"/> Hotline work, primary and secondary | <input type="checkbox"/> Regulators, capacitors, breakers and switches |
| <input type="checkbox"/> Electrical hand tools | |
| <input type="checkbox"/> Electrical safety | <input type="checkbox"/> Underground experience
(primary and/or secondary) |

IMPORTANT! PLEASE READ THIS:

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that falsification of this application in any detail will result in my disqualification from further consideration or my dismissal from employment in accordance with Cooperative policy. I agree to conform to the rules and regulations of the Cooperative, and I 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 president or general manager of the Cooperative. I further understand that if offered employment, I will be required to take a post-offer 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.

Signature of applicant _____ Date _____

East Central Oklahoma Electric Cooperative, Inc. is an equal opportunity provider and employer./VET/DISABLED

Pre-Offer Invitation to Self-Identify

Name: _____

Position Applying For: _____

Date: _____

East Central Oklahoma Electric Cooperative, Inc. (ECOEC) is a Federal contractor and an **Equal Opportunity Employer**. ECOEC is subject to Executive Order 11246, which requires government contractors to take affirmative action to ensure that equal opportunity is provided in all aspects of their employment. In addition, we are subject to 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 order to comply with these laws, ECOEC invites applicants to voluntarily self-identify their gender, race/ethnicity and protected veteran status. ECOEC does not discriminate on the basis of race, religion, color, sex, sexual orientation, gender identity, age, protected veteran status, non-disqualifying physical or mental disability, national origin, genetic information, or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, merit, and business need.

Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. 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. When reported, data will not identify any specific individual.

Check one of the following:

- Male
- Female
- I choose not to self-identify

Check one of the following race/ethnic groups defined on the following page:

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)
- I choose not to self-identify

Check one of the following:

- I identify as one or more of the classifications of protected veterans as defined on the following page
- I am not a protected veteran.
- I choose not to self-identify

Ethnicity and Race Definitions

- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
 - **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 - **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 peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - **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.
 - **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 maintain tribal affiliation or community attachment.
 - **Two or More Races (Not Hispanic or Latino)** – A person who identifies with more than one of the above five races.
-

Protected Veteran Definitions

- **Disabled Veteran** - 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.
- **Recently Separated Veteran** - 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.
- **Active Duty Wartime or Campaign Badge Veteran** - 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.
- **Armed forces service medal veteran** - 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.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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.¹ 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

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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.

¹ 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.

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.