



Jefferson Energy Cooperative

An Electric Membership Corporation

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Jefferson Energy Cooperative seeks to employ the best qualified personnel without regard to race, color, sex, age, religion, creed, national origin, citizenship status, marital status, sexual orientation, genetic information, disability or protected veterans status or any other status protected by law.

The Age Discrimination Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Position Applied For					Date of Application	
How Did You Learn About Us?						
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____						
Last Name			First Name		Middle Name	
Mailing & Physical Address		Number	Street	City	State	Zip Code
Home Number:			Mobile Number:			
E-Mail Address:						
If you are under 18 years of age, can you provide required proof of your eligibility to work?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever filed an application with us before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date:		
Have you ever been employed with us before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, when?		
Are you currently employed?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Can we contact your current employer?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you legally, eligible to work in the U.S.?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	On what date would you be available for work?		
Are you available to work:		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Shift Work <input type="checkbox"/>		Temporary <input type="checkbox"/>
Are you currently on "lay-off" status and subject to recall?			Yes <input type="checkbox"/>			No <input type="checkbox"/>
Can you travel if a job requires it?			Yes <input type="checkbox"/>			No <input type="checkbox"/>

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EDUCATION

ATTACH ADDITIONAL PAGES IF NEEDED.

High School	Address	
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, do you have a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma Type	Additional Recognitions? (Honors Etc...)

College/University	Address	
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Number of years completed _____	Diploma, Degree, etc...	Minor/Major

Other	Address	
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Number of years completed _____	Diploma, Degree, etc...	Minor/Major

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, EXTRA-CARRICULAR ACTIVITIES, AND JOB-RELATED TRAINING. INCLUDE A LIST OF JOB-RELATED OR OTHER EQUIPMENT YOU CAN OPERATE. ATTACH COPIES OF ANY TRAINING CERTIFICATES.

DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY.

PREVIOUS EMPLOYMENT

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
 			
Employer		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
 			
Employer		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

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

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 essential functions of the position for which you have applied? A job description identifying the essential functions is attached or is available at the company's website at www.jec.coop.

Yes

No

REFERENCES

Please list three **professional** references.

Full Name		Relationship
Company		Phone
Address		
Full Name		Relationship
Company		Phone
Address		
Full Name		Relationship
Company		Phone
Address		

APPLICANT'S STATEMENT

Declaration

1. I hereby authorize Jefferson Energy Cooperative, to whom this application is submitted to contact school, college, employment and all other sources for the purpose of investigating and verifying statements and references herein and I authorize the above sources to provide such information and release them from all liability in connection with providing to Jefferson Energy Cooperative job-related information concerning my education or employment.

2. I understand my application will be investigated. I warrant the foregoing to be a truthful and complete statement of fact. Furthermore, any untrue or misleading answer or concealment of any fact will constitute grounds for no further consideration of my application or immediate discharge at any time during my employment that such false statements become known.

3. I submit this application with the understanding that a drug screen is a condition to employment. I also understand that failure to consent to a screen for drugs will be considered a withdrawal of my employment application and that a negative drug screen is a requirement of employment. I authorize the drug testing facility to release the results of this drug screen to the authorized representative of Jefferson Energy.

4. I agree that if I am employed by Jefferson Energy Cooperative, during and after such employment, I will not disclose or otherwise use any proprietary or confidential information that comes into my possession during the course of such employment, whether with respect to products, customers, suppliers or otherwise.

5. I understand that my employment and compensation, regardless of the time or method of payment, can be terminated, with or without cause, at any time, at the option of either the company or me. I further understand that no personnel recruiter, interviewer, or representative of the company, other than the president or designated representative, has any authority to enter into any agreement for employment for any specified period of time or any agreement contrary to the foregoing, and if such agreement is made, it must be in writing.

Applicant Signature

Date

EMPLOYMENT DATA RECORD

Jefferson Energy Cooperative seeks to employ the best qualified personnel without regard to race, color, sex, age, religion, creed national origin, citizenship status, marital status, sexual orientation, genetic information, disability or protected veterans status or any other status protected by law.

The Age Discrimination Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of the Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic Reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note, your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

Date:

VOLUNTARY SURVEY

JEC is required to report to the federal government with respect to certain categories. To enable us to meet these government reporting regulations, we request that you complete this personal information data form. Information will be used solely for government reporting purposes and will be kept separate from your application. Any information that you choose to provide will not be considered by the company for employment purposes and will be treated as personal and confidential. Your decision to provide or not to provide the requested information will not subject you to any adverse treatment. Your voluntary cooperation is appreciated.

Name:

Address:

City:

State:

Zip Code:

Gender:

Male

Female

Race/Ethnicity

Please check the appropriate box(es) below.

↑ **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 original 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.

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↑ **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.

Veteran Status

Please check off the appropriate box(es) below:

Disabled Veteran - 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 - a veteran discharged or released from active duty in the U.S. military, ground, naval, or air service within the last three years. Please specify your date of discharge: _____.

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 the United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209)

Other Protected Veteran – a veteran who served on active duty in the U.S. military, ground, naval, or air service and for which a campaign badge has been authorized.

Please specify the war, campaign or expedition in which you served:

**NOTICE THAT A CONSUMER REPORT
MAY BE OBTAINED FOR EMPLOYMENT PURPOSES**

It is our company's policy to perform employment background checks in connection with employment applications. In performing the background checks we may request a "consumer report" to learn information about you that may be used in making an employment decision. A "consumer report" is a report obtained from a consumer reporting agency (such as, but not limited to Merchants Credit Bureau, Equifax, Experian, TransUnion, or the agency who will obtain the information for us) that has a bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. The report may include but is not limited to your credit report; educational information; criminal record; and motor vehicle driver's license or driving record.

If Jefferson Energy Cooperative requests an investigative consumer report, which would include personal interviews, you will receive a second notice indicating that the report has been requested no later than three days after the request is made to a consumer reporting agency. This additional notice, if issued, will advise you as to your further rights pertaining to investigative consumer reports.

If any adverse action that is made with regard to your application or employment based entirely or in part on the information contained in a consumer report, you will be notified as to the basis of that decision and given a copy of the report as well as a summary of your applicable rights. If you have ever filed for bankruptcy such information may or may not be relevant for employment purposes but no employment decision will be based solely on this information.

Your signature on our employment application or any other pre-employment forms authorizes us to obtain such a consumer report. Your signature indicates that you have carefully read and understand this notice and consent to the release of a consumer report or investigative consumer report to Jefferson Energy Cooperative for employment purposes at Jefferson Energy Cooperative's discretion either in connection with your job application or in connection with any future decisions concerning your employment, promotion, reassignment or retention as an employee. Your signature reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing. You will not be considered for employment if you do not allow us to perform an employment background check.

I have read and understand or had explained to me the above information and notice. I understand that you may obtain a consumer report about me for employment purposes.

Applicant's Signature

Print Applicant's Name

MOTOR VEHICLE DRIVER'S

**CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license.

If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them.

DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

Driver's Signature: _____ Date _____

Voluntary Self-Identification of Disability

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: _____