

Application for Employment

Last Name	First Name	Middle Name	Date of Application / /
Street Address	City	State	Zip Code
Primary Phone Number - -	Secondary Phone Number - -	Email	
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____ Position: _____			
Position applying for?			Desired Pay:
Type of employment desired?	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
Will you work overtime if asked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you on a layoff and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of, pleaded guilty to, or please no contest to an offense other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No A 'yes' answer does not necessarily disqualify you from employment. If yes, explain: _____			
Have you ever been discharged or asked to resign from a place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No A 'yes' answer does not necessarily disqualify you from employment. If yes, explain: _____			
Have you even been disciplined for tardiness or excessive absenteeism? <input type="checkbox"/> Yes <input type="checkbox"/> No A 'yes' answer does not necessarily disqualify you from employment. If yes, explain: _____			
Are you a 'close relative' to anyone employed by Haywood EMC? <i>The term 'close relative' means a person who is related to the principal person, by blood or marriage, to the second degree or less – that is, a person who is either a spouse, child, grandchild, parent, grandparent, brother, sister, aunt, uncle, by blood or in-law, of the principal (you). AS used in the definition, the terms 'marriage' and 'spouse' shall include those relationships or persons that give the appearance of marriage, and these bylaws shall apply to those living together as though married and to those related to such apparently married partners.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name and relationship to current employee below. Name: _____ Relationship: _____			

Employment History

List your last three (3) employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in the comments section below.

Employer: _____ Location: _____ Job Title: _____ Supervisor and Title: _____ Reason for Leaving: _____	Dates Employed: From: _____ To: _____ Employer Phone Number: - - Hourly Rate/Salary (Starting): \$ _____ Hourly Rate/Salary (Ending): \$ _____
May we contact references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later Please summarize the nature of work performed and job responsibilities: 	
Employer: _____ Location: _____ Job Title: _____ Supervisor and Title: _____ Reason for Leaving: _____	Dates Employed: From: _____ To: _____ Employer Phone Number: - - Hourly Rate/Salary (Starting): \$ _____ Hourly Rate/Salary (Ending): \$ _____
May we contact references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later Please summarize the nature of work performed and job responsibilities: 	
Employer: _____ Location: _____ Job Title: _____ Supervisor and Title: _____ Reason for Leaving: _____	Dates Employed: From: _____ To: _____ Employer Phone Number: - - Hourly Rate/Salary (Starting): \$ _____ Hourly Rate/Salary (Ending): \$ _____
May we contact references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later Please summarize the nature of work performed and job responsibilities: 	
Comments:	

Education, Skills & Qualifications

Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED
 College: 1 2 3 4 Graduate School: 1 2 3 4

	Name & Location	Course of Study	Graduate?	Major/Minor Course Work	Type of Degree Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with Haywood EMC.

Please describe the business machines and computer programs you are familiar with:

List professional trade, business or civic associations and any office held. You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.

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.

Applicant's Statement

I certify that the answers given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment. I hereby release from liability Haywood Electrical Membership Corporation (EMC) and its representatives for seeking such information and my previous employers and references from furnishing such information.

This application for employment shall be considered active only for the period during which the specific position applied for remains open. Any applicant wishing to be considered for employment beyond this time period must file a new application for each new opening.

I consent to a physical examination if an offer of employment is made to me and agree to resubmit to future examinations as may be required by Haywood EMC. Any physical examination that Haywood EMC requires may include testing for the use of alcohol or the illegal use of controlled substances.

I understand and agree that, if accepted for employment, the relationship will be employment-at-will, i.e. my employment is for no definite duration, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Haywood EMC or myself. I further understand that except for a written agreement entered into by the General Manager, no agent or representative of the Company has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event of employment, I understand that false or misleading information provided in my application may result in discipline up to and including discharge. I further understand that I am required to comply with all rules and regulation of Haywood EMC.

I have read and fully understand the above information regarding employment with Haywood EMC.

Yes No

Signature of Applicant: _____

Date: _____

Haywood Electric Membership Corporation
Voluntary Self-Identification of Race, Ethnicity and Gender

Required Information

Name: _____

Date of Application: _____

Position(s) for which you are applying: _____

Haywood Electric Membership Corporations (hereinafter "the Cooperative") is a government contractor and to comply with the regulations for equal employment opportunity and affirmative action (EEO/AA), we must track our applicants' gender and race/ethnicity and the position they applied for to the government. We are an organization that values diversity and encourages women and minorities to apply. For this reason, we invite you to indicate your gender and race/ethnicity below. This information is kept separate from your application.

Submission of this information in voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential within the Human Resources Department and will be used only for the necessary information to include in our Affirmative Action Program and reporting requirements to the government. When reported, data will not identify any specific individuals.

Gender

Male Female

Race/Ethnicity Identification (check one):

Are you Hispanic or Latino? Yes No

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

If you answered "Yes" you have completed this form. If you answered "No" please select a race from the options below.

- 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)*** - All persons who identify with more than one of the above five races.

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

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

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: _____

Haywood Electric Membership Corporation

“Pre-Offer” Invitation to Self-Identify as a Protected Veteran

Haywood Electric Membership 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.

Haywood Electric Membership 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, Haywood Electric Membership 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.

Your Name

Today’s Date