



APPLICATION FOR EMPLOYMENT

Craighead Electric Cooperative Corporation
4314 Stadium Boulevard
P.O. 7503 Jonesboro, AR 72403

**Screening for
illegal drug use
will be required
before hiring and
during
employment.**

Statement of Equal Employment Opportunity
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.

General Information

Print Name in full _____ Date _____
Last First Middle

Print Address _____
No. & Street City State Zip

Telephone # _____ Message # _____

D.L. # _____ Issuing State _____

Position Applied For _____

Type of Employment Desired: Full Time Part Time Temporary Work Study

Starting Salary Required: \$ _____ Per _____ Date Available for Employment _____

Are you related to a Craighead Electric employee or director? Yes No

If so, give: Name _____ Relationship _____

By whom were you referred? _____

Have you ever been employed by CECC before? Yes, From _____ to _____ No

Have you ever filed an application here before? Yes No If yes, give date: _____

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Have you ever been convicted of a crime, other than traffic violations? Yes No

If yes, explain the number of convictions, the nature of the offense(s), how recently the conviction(s) occurred, and the sentence(s) imposed. Note: A conviction does not automatically mean that you will not be selected, what you were convicted of and how long ago you were convicted are important. Please give all the facts so an informed decision can be made.

Record of Education and Training

School Name	Address of School City and State	Major Course or Subject	Years completed	List Diploma or Degree
High School				
Technical Or Trade School				
College Or University				
College Or University				

Training or Workshops Completed: _____

Military Service Record

Were you in the U.S. Armed Forces? Yes No Branch _____

Active Duty from _____ to _____
Month Day Year Month Day Year

List relevant skills acquired during military service _____

Knowledge-Skills-Qualifications for Position

What knowledge, skills and/or qualifications do you have which prepare you for the position you have applied for?

Employment History

(list most recent first)

Name of Company—Present Employer <hr/> Address _____ City _____ State _____ <hr/> Supervisor's Name _____ Phone Number _____	Employment Dates: From _____ to _____ Position Title _____ Duties _____ _____ Final Salary \$ _____ Reason for Leaving _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Company <hr/> Address _____ City _____ State _____ <hr/> Supervisor's Name _____ Phone Number _____	Employment Dates: From _____ to _____ Position Title _____ Duties _____ _____ Final Salary \$ _____ Reason for Leaving _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Company <hr/> Address _____ City _____ State _____ <hr/> Supervisor's Name _____ Phone Number _____	Employment Dates: From _____ to _____ Position Title _____ Duties _____ _____ Final Salary \$ _____ Reason for Leaving _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Company <hr/> Address _____ City _____ State _____ <hr/> Supervisor's Name _____ Phone Number _____	Employment Dates: From _____ to _____ Position Title _____ Duties _____ _____ Final Salary \$ _____ Reason for Leaving _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If More Than Four Previous Employers, List Others Here.

Employment Dates From / To	Company and Address	Position or Type of Work	Salary or Wage	Reason for Leaving

Remarks

Below please add any statements which you feel may help to clarify answers to any of the questions in this application. Also, you may add anything here which you feel might favorably affect consideration of your application.

Employment At Will Language

I understand and agree that if employed, and as a condition of my employment, the employment will be “at will.” That is, either I or the Cooperative may end the employment relationship at any time for any reason or for no reason. I further understand that no representative of the Cooperative has authority to enter into any agreement with me for employment for any specific period of time or make any agreement with me contrary to the foregoing. I understand that nothing contained in my employment application or in the granting of an interview is intended to create an employment contract between the Cooperative and myself for either employment of or the providing of any benefit. Finally, I understand that none of the benefits or policies issued to me by the Cooperative are intended by reason of their publication to confer any rights or privileges to said benefits or policies, or to entitle me to be or remain employed by the Cooperative or to change my status as an “at will” employee. I understand that all statements or provisions are procedural or are a guideline and the Cooperative has the right to change any policy, benefit or procedure at any time without notice.

Signature of Applicant

Date

To Be Read and Signed by Applicant

I certify that as a condition of my employment that all information given on this application is true and correct. I hereby authorize this Cooperative to investigate all statements contained in this application. I also authorize inquiry with regard to my character, ability, employment and habits and agree to hold any person contacted harmless with respect to any information which they may provide. I understand that misrepresentation or omission of material facts may be cause for denial or termination of employment and that the Cooperative shall not be liable in any respect if employment is so denied or terminated because of misrepresentation or omissions made by me in this application.

I will comply with all rules and regulations of this Cooperative that are in effect now and others that may be instituted at a later date. I also agree to follow all health and safety regulations including the use of safety equipment at all times on the job.

I understand and agree that employment is for an indefinite period and may be terminated at any time by either me or the Cooperative. I understand that this application will be maintained in the Cooperative’s active files for 30 days.

Signature _____

Date _____

For Office Use Only

Position: _____ Interviewed by: _____ Date: _____	Position: _____ Interviewed by: _____ Date: _____
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Human Resources Department

Starting Employment Date	<input type="checkbox"/> Employed <input type="checkbox"/> Re-Employed <input type="checkbox"/> Reinstated	Department	Employment Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
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Job Classification _____

Department Manager

Human Resources

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tanker, Flat, Reefer, etc)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor/Trailer				
Doubles/Triples				
Bus				

ACCIDENT REVIEW FOR THE PAST 3 YEARS (attach separate sheet if more space is needed)

Nature of Accident (Head-on, Rear-end, Overturn, Backing, etc.)	Fatalities	Injures	Date
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS and FORFEITURES for the past 3 years other than parking violations

Location	Date	Charge	Penalty

**EMPLOYMENT HISTORY INFORMATION
(3 Years Non-CDL)**

Company: _____ Supervisor's Name: _____

Address: _____ Phone #: _____

Position Held: _____ From: _____ To: _____ Salary: _____
Month/Year Month/Year

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO 391.21

Was this position(s) designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? YES NO

Company: _____ Supervisor's Name: _____

Address: _____ Phone #: _____

Position Held: _____ From: _____ To: _____ Salary: _____
Month/Year Month/Year

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO 391.21

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? YES NO

(10 Years CDL Driver)

Company: _____ Supervisor's Name: _____

Address: _____ Phone #: _____

Position Held: _____ From: _____ To: _____ Salary: _____
Month/Year Month/Year

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO 391.21

Was this positions designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? YES NO

Company: _____ Supervisor's Name: _____

Address: _____ Phone #: _____

Position Held: _____ From: _____ To: _____ Salary: _____
Month/Year Month/Year

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO 391.21

Was this positions designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? YES NO

Company: _____ Supervisor's Name: _____

Address: _____ Phone #: _____

Position Held: _____ From: _____ To: _____ Salary: _____
Month/Year Month/Year

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO 391.21

Was this positions designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? YES NO

Company: _____ Supervisor's Name: _____

Address: _____ Phone #: _____

Position Held: _____ From: _____ To: _____ Salary: _____
Month/Year Month/Year

Reason for Leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed with this previous employer?

YES NO 391.21

Was this positions designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and controlled substance testing as required by 49 CFR part 40? YES NO

Please use a separate sheet of paper if you need to list more.

Applicant Must Read and Sign

I have been informed by this company that the previous employment information I have given for the preceding three (3) years with FMCSA regulated entities will be investigated by contacting my previous employers for the purpose of obtaining my safety performance history as required by paragraphs (d) and (e) of 391.23.

This company has advised me, during the application process, that I have the following due process rights regarding information received from previous employers as a result of these investigations conducted on my safety performance history. In accordance with 391.23(i) I have been advised that I have the right to review information provided by previous employers; I have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; I have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I have been informed that my previous Department of Transportation regulated employment history in the previous three (3) years can be reviewed by me by submitting a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. This company has advised me that within five (5) business days after receiving my request or within five (5) business days of receiving the information they will supply the information to me. This company has advised me that if I have not arranged to pick up or receive the requested records within thirty (30) days of making them available, this company may consider I have waived the request to review the records. All information obtained is to be used in the decision making for employment with this company.

It has been recommend to me to read 49 CFR Part 391.23 to be more aware of the procedures motor carriers are required to use to obtain/review my safety performance history with previous DOT regulated motor carriers.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant

Date

Craighead Electric Cooperative Corporation Pre-Employment Drug and/or Alcohol Testing Consent and Release Form

I hereby consent to submit to urinalysis, blood, hair and/or other tests as shall be requested by Craighead Electric Cooperative Corporation (the “Cooperative”) in the selection process of applicants for employment, for the purpose of determining the drug and/or alcohol content thereof.

I agree that National MedTest Inc. may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the Cooperative for analysis.

I further agree to and hereby authorize the release of the results of said tests to the Cooperative. I understand that it is the current or recent illegal use or abuse of drugs and/or abuse of alcohol that may reasonably affect my job performance that prohibits me from being employed at the Cooperative.

I hereby release and hold harmless the Cooperative, its employees and its agents (including the above-named physician, clinic or company) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the Cooperative’s consideration of my employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant’s Printed Name: _____

Applicant’s Signature: _____

Witness’ Printed Name: _____

Witness’ Signature: _____

Date: _____

Craighead Electric Cooperative Corporation

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

Craighead Electric Cooperative, Inc. 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.

Craighead Electric Cooperative, Inc. 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, ?Electric Cooperative, Inc. 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

SELF-IDENTIFICATION

Craighead Electric Cooperative Corporation is an equal opportunity employer. All applicants are considered without regard to race, color, religion, sex, age, national origin, veteran status, disability or any status that is protected by state or federal law.

In an effort to comply with government record keeping requirements, we ask that you **voluntarily** complete this information. The U.S. government requires employers to report the number of their applicants and employees in the racial, ethnic and gender groups listed below. While employers are permitted to determine the group identification listed below by visual survey, we believe that in order to avoid mistake and misunderstanding, every applicant should have the opportunity to answer this question personally. THIS INFORMATION WILL ONLY BE USED FOR REPORTING TO GOVERNMENTAL AGENCIES. IT WILL NOT BE USED IN DETERMINING ELIGIBILITY FOR EMPLOYMENT AND WILL BE KEPT SEPARATE FROM THE APPLICATION FORM.

NAME: _____, _____ **ZIP CODE:** _____
Last First

COUNTY & STATE OF RESIDENCE _____
County State

HOW DID YOU LEARN OF THIS VACANCY? _____

POSITION APPLIED FOR? (MUST BE SPECIFIED) _____

SEX, RACE AND ETHNICITY

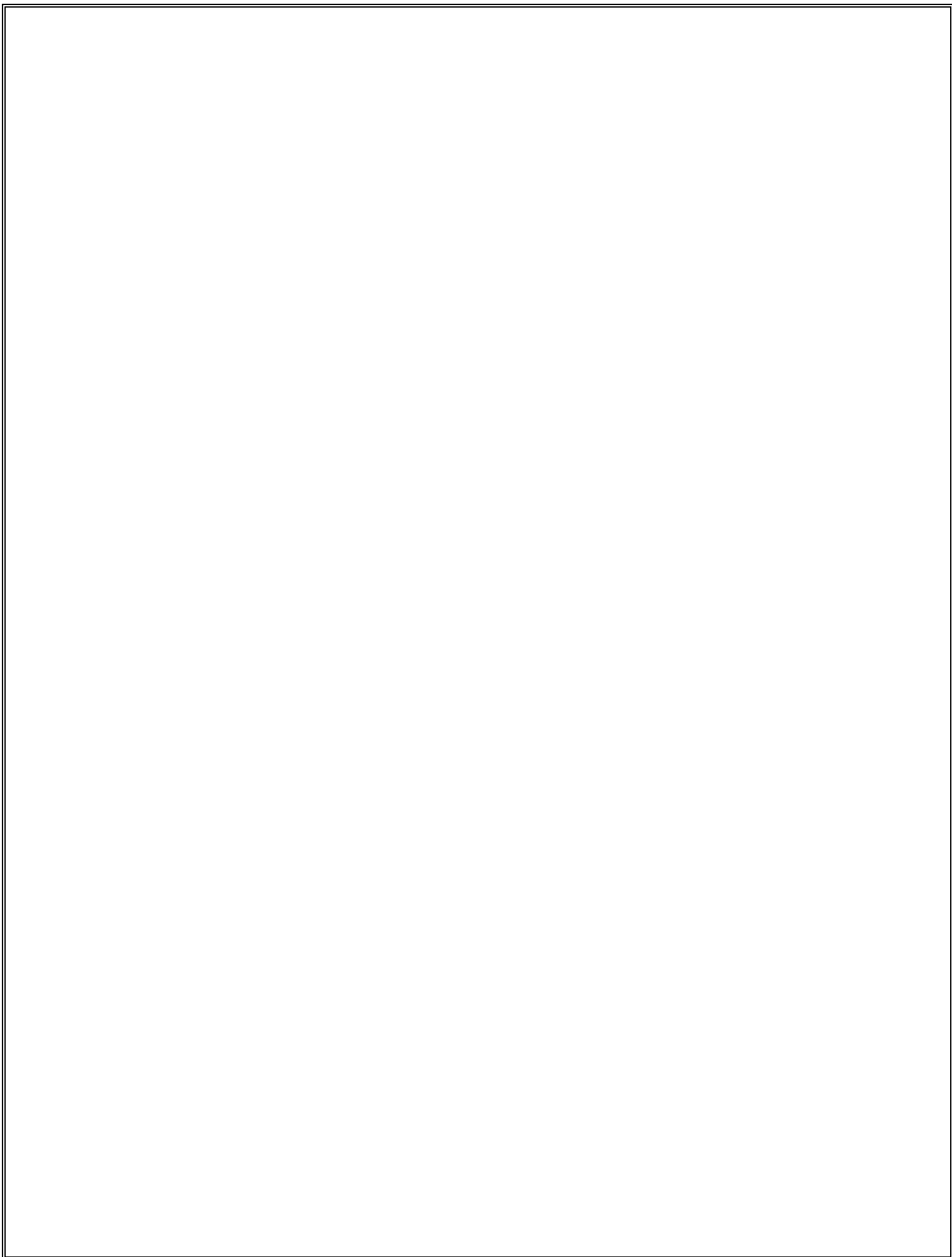
The following designations are those currently required by the Federal government.

CHECK ONE ONLY MALE FEMALE

ARE YOU HISPANIC OR LATINO? NO YES

IF NO CHECK ONE ONLY

- 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, includes Jamaican and West Indian.)
- 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 America 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.)



Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

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

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 1/31/2020
Page 2 of 2

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.

ⁱ 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.