



# Carroll Electric Cooperative Corporation

## Application for Employment

**Name:**

**Date:**

### Business Office Locations

**Berryville**

*Corporate Headquarters*  
920 Hwy 62 Spur  
P.O. Box 4000  
Berryville, AR 72616  
(870) 423-2161  
(870) 423-4815 Fax

**Huntsville**

*District Office*  
5056 Hwy 412B  
P.O. Box 280  
Huntsville, AR 72740  
(479) 738-2217  
(479) 738-1190 Fax

**Bentonville**

*District Office*  
707 SE Walton Boulevard  
P.O. Box 329  
Bentonville, AR 72712  
(479) 273-2421  
(479) 273-1231 Fax

**Jasper**

*District Office*  
511 E Court Street  
P.O. Box 389  
Jasper, AR 72641  
(870) 446-5114  
(870) 446-5186 Fax

The Cooperative accepts applications for specific and current job openings. If your application does not meet this criteria, it will be denied. Job openings are posted at [carrollecc.com](http://carrollecc.com). Applications are "Active" for the duration of the job opening for which you are applying. Once an opening is filled or closed, unsuccessful applicants must submit a new application for a current and specific job opening.

The following information is requested in order to help us make the best possible placement within the Cooperative. All portions of this application pertaining to you must be completed. We appreciate the time you spend completing this application form.

Applicants for positions which require operation of commercial vehicles must also fill out the Driver's Supplemental Application for Employment, which is provided later in the applicant review process.

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

## Applicant General Information

**Print with Black or Blue Ink**

Name:

\_\_\_\_\_

Last	First	Middle
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Address:

\_\_\_\_\_

Street

\_\_\_\_\_

City	State	Zip
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Primary phone: \_\_\_\_\_ Type:      Cell      Home      Other

Alternate phone: \_\_\_\_\_ Type:      Cell      Home      Other

Email address: \_\_\_\_\_

How were you referred to the Cooperative?

Have you ever applied for a job with the Cooperative?      Yes      No

If yes: When?      For which position(s)?

Have you ever worked at the Cooperative before?      Yes      No

If yes: When?      In which position(s)?

Have you ever worked at another electric cooperative, cooperative statewide association, or other cooperative affiliate?      Yes      No

If yes: When?      In which position(s)?

Which current job opening are you applying for now? Be specific.

**Notice:** *If the question above is left blank or answered broadly, the application will be denied.*

Wage / Salary expected: \_\_\_\_\_ per

If you are selected for employment, how much lead time would you need before starting work?

Are you authorized to work lawfully in the United States?      Yes      No

*In compliance with federal law, all persons hired will be required to verify identity and work eligibility.*

Are you at least 18 years of age?      Yes      No

## Anti-nepotism

Are you a “close relative” (as defined below) to any employees of the Cooperative? *Relation to employees is not an absolute bar to employment and will be considered in relation to specific job requirements.* Yes      No

If yes, list names and relationships:

Are you a “close relative” (as defined below) to any members of the board of directors of the Cooperative? Yes      No

If yes, list names and relationships:

**Close relative:** The term “close relative” is defined as any individual who through blood, law, or marriage, is a spouse, child, stepchild, father, stepfather, mother, stepmother, brother, stepbrother, half-brother, sister, stepsister, half-sister, grandparent, grandchild, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, uncle, aunt, nephew, niece, or first cousin; or who resides in the same residence.

## Work Availability

**Apart from religious observations**, what days are you willing to work? Check all that apply.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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Most regular shifts fall within the timeframe of 6:00 a.m. to 4:30 p.m. Are you willing to work during these times? Yes      No

Are you willing to work overtime, on-call, call-out, and holiday shifts? Yes      No

Because the Cooperative provides vital public services, each employee’s participation in the Emergency Response Plan is an essential condition of employment. During emergency events, all employees are subject to significant overtime. Each employee must provide all relevant personal contact information and make every reasonable effort to report for duty in order to maximize the Cooperative’s response to members during emergencies. Yes      No

Are you willing to participate in this way?

Are you willing to live within a 10-mile radius of the office you work at? Yes      No

*Applies only to positions which fulfill on-call duties such as apprentice lineman, journeyman, and certain right-of-way positions.* N/A

## Compliance, Legal History & Consent

Are you willing to comply with the Cooperative's professional-appearance policy, including piercings and concealment of body art and tattoos? Yes No

Are you willing to comply with the Cooperative's drug-free workplace policy? Yes No

List the state(s) where you currently possess a valid driver's license:

List the state(s) where you have ever possessed a valid driver's license:

Have you ever been convicted of a felony? Yes No

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

If yes, give details including the nature, gravity, date, county and state where conviction(s) occurred:

I consent to the Cooperative obtaining financial and criminal background checks, including a report on my driving record. Yes No

Signature

Date

## List Personal References (Not former employers or relatives)

Name	Occupation	Address	Phone Number
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## Education

High School

College

Other

Currently studying

School name

City & State

# years  
attended

Degree

N/A

Major

N/A

Comments

## Experience & Skills

List any training, skills, and achievements that are relevant to the position you are applying for:  
*Professional and managerial applicants – please attach your résumé.*

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List your membership in any professional or technical organizations that are relevant to the position you are applying for.

*(Exclude those that may disclose your race, color, religion, sex, ancestry or national origin, age, veteran status, disabilities, or union affiliations.)*

## Experience & Skills continued...

Place one check ✓ for knowledge. Place two checks ✓✓ for experience.

Word processing	Hotline work; primary and secondary
Spreadsheets	Electrical hand tools
Slideshow presentations	Electrical safety
Email	Prepare work orders
Business communication	Basic electricity
Database systems	Tree trimming / Brush clearing
Video, graphics, other media	Vegetation clearing machinery
Phone systems	Material control / Purchasing
Proofreading	Automotive maintenance
Accounting / Payroll	Painting and body work on vehicles
Keyboarding / Calculator	Transformer banks
Handling customer concerns	Regulators, capacitors, breakers, switches
Warehousing / Inventory	Underground equipment
Radio communication and operations	Project management
Pole inspection	Other(s) – list below
Load management systems	
Meter reading	
Collecting customer accounts	
Information literacy	
Connecting and disconnecting meters	
Surveying / Global positioning systems	
GIS / Mapping	
Load switching	
Substation / Line design	
Substation / Line construction	
Electric and gas welding	

## Employment Record – Most recent employer first

Dates	Employer	Describe duties & responsibilities	Wage/ Salary	Reason(s) for leaving
From:	Name		From:	
	City & State			
To:	Phone			
	Supervisor			
			To:	
From:	Name		From:	
	City & State			
To:	Phone			
	Supervisor			
			To:	
From:	Name		From:	
	City & State			
To:	Phone			
	Supervisor			
			To:	
From:	Name		From:	
	City & State			
To:	Phone			
	Supervisor			
			To:	

**Certification**

I certify all information provided in support of my employment with the Cooperative, including but not limited to this application, résumés, medical information, and information provided by me during interviews, is correct to the best of my knowledge. I understand 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 my employment and compensation 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 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 Chairman of the Board or the President/CEO of the Cooperative. I understand the Cooperative reserves the right to administer screenings included but not limited to background checks, employment testing, and motor vehicle records. I further understand if offered employment, I will be required to take a physical examination and such examination will include blood or urine tests to determine the presence or use of illegal controlled substances.

Printed Name of Applicant

Signature of Applicant

Date Signed

**Office Use Only**

**Date:**

**Notes**

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<hr/>	<hr/>
<hr/>	<hr/>

Not interviewed

Interviewed      Date of interview: \_\_\_\_\_

Interviewed but no offer

Offer made      Refer to offer processing form



# Carroll Electric Cooperative Corporation

## Voluntary Self-Identification of Race, Ethnicity and Gender

Carroll Electric Cooperative Corporation (hereinafter "the Cooperative") is subject to certain federal governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Cooperative invites applicants/employees to voluntarily self-identify their race, ethnicity and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will 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 annually to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

### ETHNICITY

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

- 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 maintains tribal affiliation or community attachment.
- 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.
- 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.
- White (not Hispanic or Latino)*** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races (not Hispanic or Latino)*** - All persons who identify with more than one of the above five races.
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### GENDER

- Male
- Female
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Applicant's/Employee's Name:

Date:

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

## Carroll Electric Cooperative Corporation

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

Carroll 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.

Carroll 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, Carroll 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  
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.<sup>1</sup> 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 1/31/2020  
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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.

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<sup>i</sup> 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](http://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.