

Southwest Arkansas Electric Cooperative Corporation

2904 E 9th Street, Texarkana, Arkansas, 71854 870-772-2743

Southwest Arkansas Electric Cooperative Corporation is an equal opportunity provider and employer.

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.

Application For Employment

Personal Information Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Name:		
Current Address	City	State
Previous Address within last 3 years	City	State
Previous Address within last 3 years	City	State
Phone Number	Mobile Number	Email Address
Are you a U.S. Citizen or do you have the legal right to work in the U.S.?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have You Ever Been Convicted Of a Felony? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever been convicted of a power (electricity) theft or power diversion? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you at least 18 years of age?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If you answered yes, to either of the above questions, give details on a separate page including jurisdiction (state and county) where such convictions occurred. Criminal convictions are not an absolute bar to employment. They will only be considered in relation to specific job requirements.</i>
What languages do you speak other than English? <input type="checkbox"/>		Apart from absence for religious observation, are you available to work from 8 a.m. to 5 p.m. Monday through Friday? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, what hours can you work? _____
Will you work overtime if asked?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you willing to work after hours call out duty and on-call assignments? Yes <input type="checkbox"/> No <input type="checkbox"/>

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

Driving Experience

Class of Equipment	Type of Equipment	Dates From (month/year)	Dates To (month/year)	Approximate Total Miles
Straight Truck Yes <input type="checkbox"/> No <input type="checkbox"/>	_____			
Tractor & Semi-trailer Yes <input type="checkbox"/> No <input type="checkbox"/>	_____			
Tractor with 2 trailers Yes <input type="checkbox"/> No <input type="checkbox"/>	_____			
Tractor with 3 trailers Yes <input type="checkbox"/> No <input type="checkbox"/>	_____			
Motor-coach/school bus More than 7 passengers Yes <input type="checkbox"/> No <input type="checkbox"/>				
Motor-coach/school bus More than 15 passengers Yes <input type="checkbox"/> No <input type="checkbox"/>				
Other _____				

In What state or states do you possess a valid & current Driver's license?

List all Driver Licenses or Permits held in the past 3 years.

State:
License Number: _____

State: _____ License Number: _____ Type: _____ Expiration Date _____

State:
License Number: _____

State: _____ License Number: _____ Type: _____ Expiration Date _____

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A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either A or B is yes, give details. _____

Position

Position You Are Applying For (Be Specific)	Available Start Date	Desired Pay
How were you referred for this position:	Have you ever worked for this Cooperative? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever applied for a job with this Cooperative: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when:	Are you a relative, either by blood or marriage, of any employee or Director : Yes <input type="checkbox"/> No <input type="checkbox"/>

Experience (please check all that apply)

<input type="checkbox"/> 10-key	<input type="checkbox"/> Internet	<input type="checkbox"/> Network software	<input type="checkbox"/> A/R or A/P	<input type="checkbox"/> Payroll	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Excel	<input type="checkbox"/> PC
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Windows	<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail	<input type="checkbox"/> Word	Typing <input type="checkbox"/> wpm	<input type="checkbox"/> multi-line phone system	<input type="checkbox"/> Breakers & Switches
<input type="checkbox"/> Warehousing	<input type="checkbox"/> Pole Inspection	<input type="checkbox"/> Radio Communication & Operation	<input type="checkbox"/> Work Order Prep	<input type="checkbox"/> Basic Electricity	<input type="checkbox"/> Regulators & capacitors	<input type="checkbox"/> Brush Clearing & Tree Trimming	<input type="checkbox"/> Cleaning Machinery
<input type="checkbox"/> Material control	<input type="checkbox"/> Perpetual Inventory	<input type="checkbox"/> Line construction	<input type="checkbox"/> Load switching	<input type="checkbox"/> Transformer banks	<input type="checkbox"/> Under-ground (primary or secondary)	<input type="checkbox"/> Hotline work, primary & secondary	<input type="checkbox"/> Electrical hand tools
<input type="checkbox"/> Electrical safety	<input type="checkbox"/> Layout work orders	<input type="checkbox"/> Load mgt systems	<input type="checkbox"/> Meter reading	<input type="checkbox"/> Collecting consumer accounts	<input type="checkbox"/> Handling consumer concerns	<input type="checkbox"/> connect disconnect meters	<input type="checkbox"/> Electrical mapping systems

Education

School Name	Location	Years Attended	Degree Received	Major

Personal References (not former employers or relatives)

Name	Title	Company	Phone

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Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add additional sheets as necessary).

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Reason for leaving	May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to FMCSRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Reason for leaving	May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to FMCSRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Reason for leaving	May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to FMCSRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Reason for leaving	May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to FMCSRs** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

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Alcohol Testing requirements of 49 CFR Part 40?			
Employer (5)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip
Reason for leaving	May we contact this employer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to FMCSRs ** while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing requirements of 49 CFR Part 40?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

*Includes: vehicles having a gross combination weight rating of 26,001 lbs. or more inclusive of a towed unit with a GVWR of more than 10,000 lbs.; vehicles having a GVWR of 26,001 lbs. or more; vehicles designed to transport 16 or more passengers, including the driver; OR any size vehicle used in the transportation of hazardous materials as defined in 49 CFR Part 383.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs. or more, (2) is designed or used to transport nine or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Accident Record for past 3 years. If none, write none. Attach sheet if more space is needed

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill

Traffic Convictions for past 3 years (other than parking). If none, write none. Attach sheet if more space is needed

Dates	Location	Charge	Penalty

Signature Disclaimer

I certify that all information provided in support of my employment with the Cooperative, including but not limited to this application, resumes, medical information and information provided by me during interviews, is

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correct to the best of my knowledge and I understand that 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 that 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 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 Chairman of the Board or the President & CEO of the Cooperative.

I further understand that if offered employment, I will be required to take a physical examination and that such examination will include blood, breath, urine or saliva tests to determine the presence of alcohol or illegal controlled substances.

Name (Please Print)

Date

Signature of Applicant

Drivers Certification

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 Driver

Date

NOTE: Pursuant to 49 CFR 391.21(c), an employer may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

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Job Reference Consent and Request for Information Form from Previous Employer

I, _____, hereby authorize you to release the following information to Southwest Arkansas Electric Cooperative Corporation for the purpose of investigation as required by 49 CFR 391.23 and 383.35. You are released from any and all liability which may result from furnishing such information.

Signature of Applicant

Date: _____

Dear Sir/Madam:

The below named individual has made application to this company for a position as _____ and states he/she was employed by you as _____ from _____ to _____.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

Name of Applicant: _____

Date of Birth: _____

- Employed from _____ to _____ as a _____ at a wage or salary of \$_____.
- Reason for leaving your employ: Discharge Resignation Layoff Military Duty
- Was his/her general conduct satisfactory Yes No
- Did he/she drive a motor vehicle for you? Yes No
If so, please check all that apply: Straight truck Tractor-Semitrailer Bus Other (specify) _____
- Was he/she a safe efficient driver? Yes No
- Was he/she involved in any accidents* during the previous three years? Yes No

If so, please complete the following:

Date of Accident	City, State where accident occurred	Number of Injuries	Number of Fatalities	Were hazardous materials released (other than fuel from the CMV's fuel tank)?

Are there any other accidents the driver was involved in that you wish to provide: Yes No

If yes, please give details: _____

- Was the driver/applicant employed in a safety-sensitive function that required alcohol and controlled substances testing, as specified by 49 CFR part 40, within the previous three years? Yes No

If so, please complete the following:

- Did the driver/applicant violate the alcohol and controlled substances prohibitions under 49 CFR part 382, subpart B or 49 CFR part 40, subpart O? Yes No
- Did the driver/applicant fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to 49 CFR 382.605 or 49 CFR part 40, subpart O? Yes No
- If the driver/applicant successfully completed a SAP's rehabilitation referral and remained in your employ, please provide information on whether the driver/applicant had the following testing violations subsequent to completion of a referral under 49 CFR 382.605 or 49 CFR part 40, subpart O:

Alcohol tests with a result of 0.04 or higher alcohol concentration;

Verified positive drug tests; or

Refusals to be tested

Please give details: _____

Signature: _____ Date: _____

Name: (please print or type) _____ Title: _____

Company Name and Address: _____

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Voluntary Self-Identification of Race, Ethnicity and Gender

Southwest Arkansas 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.

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

Ethnicity

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

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.

Gender

Male

Female

Applicant/Employee's Name: _____

Date: _____

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

Southwest Arkansas Electric Cooperative Corporation is a Government contractor subject to the Vietnam 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
 - 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 or Veterans Affairs; or
 - A person who was discharged or released from active duty because of a service-connected disability.
2. Recently separated veterans
 - 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
3. Active duty wartime or campaign badge veterans
 - 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.
4. Armed Forces service medal veterans
 - 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 Re-employment 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 re-employed by your employer in the position you would have retained 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 8-866-4-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

- (1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled
- (2) first aid and safety personnel may be informed, when and to extent appropriate, if you have a condition that might require emergency treatment and
- (3) 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.

Southwest Arkansas 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, Southwest Arkansas 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: _____

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Voluntary Self-Identification of Disability

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 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.

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.

How do I know if I have a disability?

- 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

Please check one of the boxes below:

Yes, I have a disability (or previously had a disability)

No, I do NOT have a disability

I do NOT wish to answer

Name: _____

Today's Date: _____

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require 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.

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For Employer's Use Only

Interviewed by: _____ Date: _____

Comments: _____

Employment Reference Check

Employer	Person Contacted	Date	Results
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Reference Check

Person	Date	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____

Action

No Action Interview-No Position Offered Position Offered

Date: _____

Position: _____

Date Accepted: _____