

# Southwest Arkansas Electric Cooperative Corporation

2904 E 9<sup>th</sup> 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.

<b>Name:</b>			
<b>Address</b>		<b>City</b>	<b>State</b>
<b>Phone Number</b>	<b>Mobile Number</b>	<b>Email Address</b>	
<b>Are You a U.S. Citizen?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Have You Ever Been Convicted Of a Felony?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Have you ever been convicted of a power (electricity) theft or power diversion?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Are you at least 18 years of age?</b>	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>	
<b>What languages do you speak other than English?</b>		<b>Apart from absence for religious observation, are you available to work from 8 a.m. to 5 p.m. Monday through Friday?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>If not, what hours can you work?</b> _____	
<b>Will you work overtime if asked?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Are you willing to work after hours call out duty and on-call assignments?</b> 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

In what state or states do you possess a valid & current driver's license?	State: <input type="text"/> License Number: <input type="text"/>	State: <input type="text"/> License Number: <input type="text"/>	State: <input type="text"/> License Number: <input type="text"/>
In what state or states have you ever possessed a driver's license?	State: <input type="text"/> License Number: <input type="text"/>	State: <input type="text"/> License Number: <input type="text"/>	State: <input type="text"/> License Number: <input type="text"/>

### Position

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

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## Education

School Name	Location	Years Attended	Degree Received	Major

## Personal References (not former employers or relatives)

Name	Title	Company	Phone

## Employment History

<b>Employer (1)</b>	<b>Job Title</b>		<b>Dates Employed</b>
<b>Work Phone</b>	<b>Starting Pay Rate</b>		<b>Ending Pay Rate</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Reason for leaving</b>	<b>May we contact this employer?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Employer (2)</b>	<b>Job Title</b>		<b>Dates Employed</b>
<b>Work Phone</b>	<b>Starting Pay Rate</b>		<b>Ending Pay Rate</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Reason for leaving</b>	<b>May we contact this employer?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Employer (3)</b>	<b>Job Title</b>		<b>Dates Employed</b>
<b>Work Phone</b>	<b>Starting Pay Rate</b>		<b>Ending Pay Rate</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Reason for leaving</b>	<b>May we contact this employer?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Employer (4)</b>	<b>Job Title</b>		<b>Dates Employed</b>
<b>Work Phone</b>	<b>Starting Pay Rate</b>		<b>Ending Pay Rate</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

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<b>Reason for leaving</b>	<b>May we contact this employer?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Employer (5)</b>	<b>Job Title</b>			<b>Dates Employed</b>
<b>Work Phone</b>	<b>Starting Pay Rate</b>			<b>Ending Pay Rate</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Reason for leaving</b>	<b>May we contact this employer</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## Professional and Managerial Applicants Only

List special training or noteworthy achievements. Please attach your resume.

List your membership in any professional or technical organizations that are related to the requirements of the position for which you are applying. *(Exclude those that may disclose your race, color, religion. Sex (including pregnancy), national origin, ancestry, age, the presence of any sensory, mental, or physical disability, genetic information, veteran status or union affiliations).*

## 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 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.

<b>Name (Please Print)</b>	<hr style="border: 1px solid black;"/> <b>Signature of Applicant</b>
<b>Date</b>	

## Job Reference Consent

I, \_\_\_\_\_, hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to Southwest Arkansas Electric Cooperative Corporation. This information may include:

- 1) date and duration of my employment
- 2) current pay rate and wage history
- 3) job description and duties
- 4) the last written performance evaluation prepared prior to the date of the request
- 5) attendance information
- 6) results of drug or alcohol tests administered within one year prior to the request
- 7) threats of violence, harassing acts or threatening behavior related to the workplace or directed at another employee
- 8) whether I was voluntarily or involuntarily separated from employment and the reasons for my separation and
- 9) whether I am eligible for rehire

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

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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.

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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/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 way 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.<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 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.

<sup>1</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).

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## For Employer's Use Only

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

### Employment Reference Check

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

### Personal Reference Check

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

### Action

No Action

Interview-No Position Offered

Position Offered

Date: \_\_\_\_\_

Position: \_\_\_\_\_

Date Accepted: \_\_\_\_\_