

Please Read Before Completing the Employment Application

Adams-Columbia Electric Cooperative is an Equal Opportunity Employer. Our objective is to maintain a continuing policy of non-discrimination in employment. You will be considered for employment based upon your qualifications for the position for which you have applied.

- Your application will be considered ONLY for the position for which you apply; therefore, you must:
 - Complete another application each time you wish to apply for another position.
 - Complete the entire application even if you have attached or submitted a resume.
 - Sign and date page 4 of the application.
 - Submit a completed application by the stated deadline.
- All post-offer, pre-employment physicals will include a drug screen (using a urine sample).
- Positions may require a criminal report and/or credit history check/report be completed.

If you have any questions, please contact the Human Resources Department at (800) 831-8629.

Adams-Columbia Electric Cooperative

PO Box 70


Friendship, WI 53934-0070

Phone: (800) 831-8629 Fax: (608) 339-7756

www.acecwi.com



**Adams-Columbia
Electric Cooperative**

Your Touchstone Energy® Partner 

Office Use Only

Expires 6 months from date of application.

Adams-Columbia Electric Cooperative

Application for Employment

Adams-Columbia Electric Cooperative is an equal opportunity employer. No information provided here will be used in an unlawful manner. Answer each question. Read and sign page 3.

Position applied for: _____

GENERAL INFORMATION

Name: _____
Last First Middle Initial

Mailing Address: _____
Street City State Zip Code

Phone Number: (_____) _____ - _____ () Home () Cell () Work

Yes No Are you under the age of 18?

Yes No Do you have a valid driver's license? (A valid driver's license is a job-related requirement of some positions at Adams-Columbia Electric Cooperative.)

Yes No Are you related by blood or marriage to anyone now employed by Adams-Columbia Electric Cooperative or a member of the Adams-Columbia Electric Cooperative Board of Directors?
If the answer is "yes", state the name(s), relationship(s), and position(s) held by the person(s) to whom you are related _____

Yes No Have you ever been employed by Adams-Columbia Electric Cooperative? If yes, provide dates of employment. _____

EMPLOYMENT HISTORY

Provide the employment information requested below. Begin with your present or most recent employment. Use page 5 to complete your employment history if necessary.

<p>Employer Name & Address: _____ _____ _____</p> <p>Phone Number: (____) _____ - _____ Type of Business: _____ Starting Salary: \$ _____ Ending Salary: \$ _____ Name of Supervisor(s): _____ Job Title: _____ _____</p> <p>Describe the work you did: _____ _____ _____ _____</p> <p>From: ____/____/____ To: ____/____/____ <small>Month Year Month Year</small> Reason for leaving: _____ _____ _____</p>	<p>Employer Name & Address: _____ _____ _____</p> <p>Phone Number: (____) _____ - _____ Type of Business: _____ Starting Salary: \$ _____ Ending Salary: \$ _____ Name of Supervisor(s): _____ Job Title: _____ _____</p> <p>Describe the work you did: _____ _____ _____ _____</p> <p>From: ____/____/____ To: ____/____/____ <small>Month Year Month Year</small> Reason for leaving: _____ _____ _____</p>
<p>Employer Name & Address: _____ _____ _____</p> <p>Phone Number: (____) _____ - _____ Type of Business: _____ Starting Salary: \$ _____ Ending Salary: \$ _____ Name of Supervisor(s): _____ Job Title: _____ _____</p> <p>Describe the work you did: _____ _____ _____ _____</p> <p>From: ____/____/____ To: ____/____/____ <small>Month Year Month Year</small> Reason for leaving: _____ _____ _____</p>	<p>Employer Name & Address: _____ _____ _____</p> <p>Phone Number: (____) _____ - _____ Type of Business: _____ Starting Salary: \$ _____ Ending Salary: \$ _____ Name of Supervisor(s): _____ Job Title: _____ _____</p> <p>Describe the work you did: _____ _____ _____ _____</p> <p>From: ____/____/____ To: ____/____/____ <small>Month Year Month Year</small> Reason for leaving: _____ _____ _____</p>

May we contact the employers listed on the previous page? Yes No

If no, indicate which employer(s) we should not contact: _____

EDUCATION & TRAINING

Indicate all schools that you have attended.

	High School	Vocational/Technical	College/University	Graduate School
School Name & Address				
Did you graduate?	Yes No	Yes No	Yes No	Yes No
Diploma/Degree & year graduated				
Major Course(s) of Study				
Other Post High School Courses Completed				

Specialized training or skills: List personal computer training, computer literacy, welding certification, special licenses, etc., that you possess that pertain to the position for which you are applying.

SERVICE IN THE ARMED FORCES

Branch of Armed Forces: _____ Rank: _____

General Duties/Training: _____

APPLICANT AUTHORIZATION

READ CAREFULLY BEFORE SIGNING

I certify that the facts contained in this application for employment at Adams-Columbia Electric Cooperative are true and complete to the best of my knowledge. I understand that any misrepresentations, falsifications, or deliberate omissions may result in my immediate dismissal.

I authorize investigation of all statements herein. I also authorize by electronically submitting this application, the organizations and individuals referred to herein to furnish information to the Cooperative. The Cooperative shall be held harmless should it, in processing this employment application, rely on information provided by these sources, even if the information provided is inaccurate or erroneous.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures, or handbooks that I might receive, is intended to create an employment contract between Adams-Columbia Electric Cooperative and myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Cooperative. If an employment relationship is established, I understand that I have a right to terminate my employment at any time for any reason or for no reason, and Adams-Columbia Electric Cooperative retains a similar right regarding the discontinuation of my employment subject only to the terms of a collective bargaining agreement, if one applies, and to the full extent permitted by law.

I understand that as part of being considered for employment by Adams-Columbia Electric Cooperative I will be required to undergo a physical examination which will include blood and or urine testing for drugs.

Signature: _____ Date: _____

APPLICANT INVITATION TO SELF-IDENTIFY

This company is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. We are therefore requesting information about the race and gender of our applicants in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Applicant Name: _____ Date: _____

Position Applied For: _____

Gender

Male Female Choose to not self-identify

Race

White (not Hispanic or Latino) American Indian/Alaska Native (not Hispanic or Latino)

Black or African American (not Hispanic or Latino) Native Hawaiian or Pacific Islander (not Hispanic or Latino)

Hispanic or Latino Two or more races (not Hispanic or Latino)

Asian (not Hispanic or Latino) Choose to not self-identify

This company is also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Job 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 veterans in the following classifications:

- 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.

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

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
- 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.

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.