

# **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](http://www.acecwi.com)



**Adams-Columbia  
Electric Cooperative**

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 4.

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 &amp; Address: _____ _____</p> <p>Phone Number: (_____) _____ - _____ Type of Business: _____</p> <p>Name of Supervisor(s): _____ Job Title: _____ _____</p> <p>Describe the work you did: _____ _____ _____</p> <p>From: ____/____/____ To: ____/____/____ Month Year Month Year</p> <p>Reason for leaving: _____ _____</p>	<p>Employer Name &amp; Address: _____ _____</p> <p>Phone Number: (_____) _____ - _____ Type of Business: _____</p> <p>Name of Supervisor(s): _____ Job Title: _____ _____</p> <p>Describe the work you did: _____ _____ _____</p> <p>From: ____/____/____ To: ____/____/____ Month Year Month Year</p> <p>Reason for leaving: _____ _____</p>
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<p>Employer Name &amp; Address: _____ _____</p> <p>Phone Number: (_____) _____ - _____ Type of Business: _____</p> <p>Name of Supervisor(s): _____ Job Title: _____ _____</p> <p>Describe the work you did: _____ _____ _____</p> <p>From: ____/____/____ To: ____/____/____ Month Year Month Year</p> <p>Reason for leaving: _____ _____</p>	<p>Employer Name &amp; Address: _____ _____</p> <p>Phone Number: (_____) _____ - _____ Type of Business: _____</p> <p>Name of Supervisor(s): _____ Job Title: _____ _____</p> <p>Describe the work you did: _____ _____ _____</p> <p>From: ____/____/____ To: ____/____/____ Month Year Month Year</p> <p>Reason for leaving: _____ _____</p>
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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  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 04/30/2026

Name:  
Employee ID:

Date:

(if applicable)

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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).

### How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

### Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past  
No, I do not have a disability and have not had one in the past  
I do not want to answer

**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.

### For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire: