Holston
ELECTRIC | CONNECT

An Equal Opportunity Employer

# APPLICATION FOR EMPLOYMENT

Date: _____

Note: Applicants applying for positions that require them to drive Cooperative vehicles must also fill out the Driver's Supplemental Application for Employment.

This application will be considered active for a period of six (6) months, after which it shall be retired to an inactive file. To be considered for employment after the expiration of this application, a new application must be filed. 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 in filling in this application form.

**All qualified applicants will receive consideration for employment without regard to disability status, veteran status, or other legally protected status.**

| Name (Last) | (First) | (Middle) |
|---|---|---|
| (Street Address) | Telephone | Telephone #2 |
| (City) | (State) | (Zip) |

Email Address: _____

Do you have the legal right to work in the United States? ☐ Yes ☐ No

How were you referred to the Cooperative? _____

Are you related, by blood or marriage, to any existing employee of the Cooperative or to present member of the Board of Directors?

☐ Yes ☐ No If yes, state name and relationship _____

Have you ever applied for a job with the Cooperative? ☐ Yes ☐ No If yes, When? _____

Have you ever worked at the Cooperative before? ☐ Yes ☐ No

Position for which you are applying (be specific) _____ Salary Expected _____ per _____

Can you work overtime? ☐ Yes ☐ No Are you available for afterhours call out duty and on-call assignments? ☐ Yes ☐ No

List any friends or acquaintances presently working for the Cooperative. _____

_____

Are you at least eighteen years of age? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, give details, including jurisdiction (state and county) where such conviction occurred. _____

_____

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

Have you ever been convicted of a power (electricity) theft or power diversion? ☐ Yes ☐ No If yes, give details, including jurisdiction (state and county) where such conviction occurred. _____

_____

In what state or states do you possess a valid and current driver's license? _____

In what state or states have you ever possessed a driver's license? _____

Can you perform the essential functions of the job for which you are applying? _____

(A list of the essential functions of the job is available at the Cooperative.)

If your application is considered favorably, on what date can you start work? _____

**EDUCATION**

| | SCHOOL NAME | ADDRESS | No. of Years Attended | Degree | Major |
|---|---|---|---|---|---|
| HIGH | | | | | |
| TECH. COLL. | | | | | |
| OTHER | | | | | |

Courses now studying _____

**List any Trade, Craft, Technical, and Clerical skills you possess**. _____

_____

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

_____

_____

**PERSONAL REFERENCES** (Not Former Employers or Relatives)

| Name and Occupation | Address | Phone Number |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**EMPLOYMENT RECORD** (Most recent employer first)

| DATES | NAME AND ADDRESS OF EMPLOYER | JOB TITLE AND BRIEF DESCRIPTION OF DUTIES | SALARY | EXACT REASON FOR LEAVING |
|---|---|---|---|---|
| From: | | | From: | |
| To: | | | To: | May we contact them? ☐ Yes |
| From: | | | From: | |
| To: | | | To: | May we contact them? ☐ Yes |
| From: | | | From: | |
| To: | | | To: | May we contact them? ☐ Yes |
| From: | | | From: | |
| To: | | | To: | May we contact them? ☐ Yes |

Attach additional sheets, if necessary.

**CERTIFICATION**

**I certify that the information contained in this application is correct to the best of my knowledge, and I understand falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with Cooperative policy. 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 representative is approved by the Board of Directors and is embodied in a written agreement signed by the President or the General Manager of the Cooperative. I further understand if offered employment, I will be required to take a physical examination and drug and/or alcohol screening that will include blood, urine, or saliva tests to determine the presence or use of alcohol or controlled substances. I further understand if offered employment, I may be required to submit to a credit and/or background check.**

_____ _____

**Signature of Applicant** **Date**

**Please apply in person, Email: careers@holstonelectric.com or print Attach Resume, and Mail to: Holston Electric Cooperative, Inc., Attn: Human Resources, PO Box 190, Rogersville, TN 37857**

ACTION_____

NO ACTION _____

INTERVIEWED – NO POSITION OFFERED _____

POSITION OFFERED:

DATE: _____

POSITION:_____

ACCEPTED: _____

# Holston Electric Cooperative

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

Holston Electric Cooperative 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.

Holston Electric Cooperative 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, Holston Electric Cooperative 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 _____

# DRIVER'S SUPPLEMENTAL APPLICATION FOR EMPLOYMENT

Applicant's Name _____ Date of Application _____
(print or type)

**Holston Electric Cooperative**
**PO Box 190, 1200 West Main Street**
**Rogersville, Tennessee 37857-0190**
**423.272.8821**

All qualified applicants will receive consideration for employment without regard to disability status, veteran status, or other legally protected status.

## TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 C.F.R. §§ 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by all rules and regulations of the Cooperative.

Signature _____ Date _____

## TO BE COMPLETED BY APPLICANT

(answer all questions – please print or type)

Position(s) Applied For _____

Name _____
Last First Middle

Date of Birth _____ Social Security Number _____

(Information received in response to the request for your date of birth will not be used to discriminate on the basis of age against any applicant for employment or employee. Such information is requested to comply with the requirements of 49 C.F.R. § 391.21(b)(2).)

Do you have the legal right to work in the United States? ☐ Yes ☐ No

Can you perform the essential functions of the job for which you have applied as described in the attached job description? ☐ Yes ☐ No

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**List your addresses of residency for the past three years.**

Current Address _____
Street City

_____ Phone _____ How Long? _____
State Zip Code yr./mo.

Previous Addresses

| Street | City | State & Zip Code | How Long? yr./mo. |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## 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 | | | DATE | |
|---|---|---|---|---|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | | |
| CITY | STATE | ZIP | | |
| CONTACT PERSON | PHONE NUMBER | | | |
| REASON FOR LEAVING | | | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO | | | | |
| 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 ☐ NO | | | | |

| EMPLOYER | | | DATE | |
|---|---|---|---|---|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | | |
| CITY | STATE | ZIP | | |
| CONTACT PERSON | PHONE NUMBER | | | |
| REASON FOR LEAVING | | | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO | | | | |
| 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 ☐ NO | | | | |

| EMPLOYER | | | DATE | |
|---|---|---|---|---|
| NAME | | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | | | |
| CITY | STATE | ZIP | | |
| CONTACT PERSON | PHONE NUMBER | | | |
| REASON FOR LEAVING | | | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO | | | | |
| 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 ☐ NO | | | | |

**EMPLOYMENT HISTORY (continued)**

| EMPLOYER | DATE | |
|---|---|---|
| NAME | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | |
| CITY STATE ZIP | | |
| CONTACT PERSON PHONE NUMBER | | |
| REASON FOR LEAVING | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO | | |
| 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 ☐ NO | | |

| EMPLOYER | DATE | |
|---|---|---|
| NAME | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | |
| CITY STATE ZIP | | |
| CONTACT PERSON PHONE NUMBER | | |
| REASON FOR LEAVING | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? ☐ YES ☐ NO | | |
| 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 ☐ NO | | |

*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 C.F.R. 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 pounds 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.

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**ACCIDENT RECORD** FOR PAST THREE 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 |
|---|---|---|---|---|
| LAST ACCIDENT | | | | |
| NEXT PREVIOUS | | | | |
| NEXT PREVIOUS | | | | |

**TRAFFIC CONVICTIONS AND FORFEITURES** (OTHER THAN PARKING VIOLATIONS) FOR THE PAST THREE YEARS, IF NONE, WRITE **NONE**

| LOCATION | DATE | CHARGE | PENALTY |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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## EXPERIENCE AND QUALIFICATIONS – DRIVER

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST THREE YEARS

| | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|---|---|---|---|---|
| **DRIVER LICENSES** | | | | |
| | | | | |
| | | | | |

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 _____

_____

_____

**DRIVING EXPERIENCE** (CHECK YES OR NO)

| CLASS OF EQUIPMENT | | CIRCLE TYPE OF EQUIPMENT | DATES | | APPROX. NO. OF MILES (TOTAL) |
|---|---|---|---|---|---|
| | | | FROM (M/Y) | TO (M/Y) | |
| STRAIGHT TRUCK | ☐ YES ☐ NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| TRACTOR AND SEMI-TRAILER | ☐ YES ☐ NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| TRACTOR-TWO TRAILERS | ☐ YES ☐ NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| TRACTOR-THREE TRAILERS | ☐ YES ☐ NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| MOTORCOACH-SCHOOL BUS More than 7 passengers | ☐ YES ☐ NO | ---------- | | | |
| MOTORCOACH-SCHOOL BUS More than 15 passengers | ☐ YES ☐ NO | ---------- | | | |
| OTHER | | | | | |

## DRIVER'S 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 Date

NOTE: Pursuant to 49 C.F.R. § 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.