

**Fort Loudoun Electric Cooperative**

P.O. Box 1030  
Vonore, TN 37885-1030  
877.353.2674

**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 only for the vacant position for which you are applying. To be considered for other vacant positions, 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 race, color, religion, sex, sexual orientation, gender identity, age, national origin, disability or veteran status.

**FORT LOUDOUN ELECTRIC COOPERATIVE IS AN EQUAL OPPORTUNITY EMPLOYER.  
FLEC is a TN drug free workplace.**

**PLEASE PRINT**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
(Street)

\_\_\_\_\_ Alternate No.: \_\_\_\_\_  
(City) (State) (Zip)

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

How were you referred to the Cooperative? \_\_\_\_\_

Are you a relative, either by blood or marriage, of any employee or Director of the Cooperative?  Yes  
 No

Have you ever applied for a job with the Cooperative?  Yes  
If yes, when? \_\_\_\_\_  No

Have you ever worked at the Cooperative before?  Yes  
If yes, when? \_\_\_\_\_  No

Are you at least eighteen years of age?  Yes  
 No

Position for which you are applying (be specific): \_\_\_\_\_

Salary Expected: \$ \_\_\_\_\_ per \_\_\_\_\_

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

State: \_\_\_\_\_ License No.: \_\_\_\_\_ State: \_\_\_\_\_ License No.: \_\_\_\_\_

State: \_\_\_\_\_ License No.: \_\_\_\_\_ State: \_\_\_\_\_ License No.: \_\_\_\_\_

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

State: \_\_\_\_\_ License No.: \_\_\_\_\_ State: \_\_\_\_\_ License No.: \_\_\_\_\_

State: \_\_\_\_\_ License No.: \_\_\_\_\_ State: \_\_\_\_\_ License No.: \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?  Yes  No  
(See attached sheet for a list of the essential functions of the job for which you are applying.)

If you are selected for employment, on what date can you start work? \_\_\_\_\_

List any training or special skills you have that are relevant to the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_

List your membership in any professional or technical organizations that are related to the job 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, disability, genetic information, veteran status, or union affiliations.)

\_\_\_\_\_  
\_\_\_\_\_

Apart from absence for religious observation, are you available to work from 7 a.m. to 4:30 p.m., Monday through Friday?  Yes  No  
If not, what hours can you work? \_\_\_\_\_

Will you work overtime if asked?  Yes  No Are you willing to work after hours call-out duty and on-call assignments?  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.

\_\_\_\_\_

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THE FOLLOWING QUESTIONS SHOULD BE ANSWERED ONLY IF THE BOX NEXT TO THE QUESTION IS MARKED.

EDUCATION

	School Name	Address	No. of Years Attended	Degree	Major
<input type="checkbox"/> High					
<input type="checkbox"/> College					
<input type="checkbox"/> Other					
<input type="checkbox"/> Courses now studying					

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PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY

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

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CLERICAL AND SECRETARIAL APPLICANTS ONLY

Place one check for knowledge. Place two checks for experience.

<input type="checkbox"/>	10-Key	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Network Software
<input type="checkbox"/>	A/R and/or A/P	<input type="checkbox"/>	Load Management	<input type="checkbox"/>	Payroll System
<input type="checkbox"/>	Amipro	<input type="checkbox"/>	Lotus	<input type="checkbox"/>	PBX System
<input type="checkbox"/>	Customer Service	<input type="checkbox"/>	Microsoft Excel	<input type="checkbox"/>	Personal Computer
<input type="checkbox"/>	Data Entry	<input type="checkbox"/>	Microsoft Windows	<input type="checkbox"/>	Proofreading
<input type="checkbox"/>	E-Mail	<input type="checkbox"/>	Microsoft Word	<input type="checkbox"/>	Typing ____ wpm
<input type="checkbox"/>	Fax Machine				

**TRADES, CRAFTS, AND TECHNICAL APPLICANTS ONLY**

Place one check for knowledge. Place two checks for experience.

- \_\_\_\_\_ Warehousing
- \_\_\_\_\_ Computer inventory methods
- \_\_\_\_\_ Lay out work orders
- \_\_\_\_\_ Prepare work orders
- \_\_\_\_\_ Basic electricity
- \_\_\_\_\_ Tree trimming
- \_\_\_\_\_ Brush clearing
- \_\_\_\_\_ Clearing machinery
- \_\_\_\_\_ Material control
- \_\_\_\_\_ Perpetual inventory
- \_\_\_\_\_ Automotive maintenance
- \_\_\_\_\_ Painting and bodywork on vehicles
- \_\_\_\_\_ Electric and gas welding
- \_\_\_\_\_ Hotline work, primary and secondary
- \_\_\_\_\_ Electrical hand tools
- \_\_\_\_\_ Electrical safety

- \_\_\_\_\_ Radio communication and operation
- \_\_\_\_\_ Pole inspection
- \_\_\_\_\_ Load management systems
- \_\_\_\_\_ Meter reading
- \_\_\_\_\_ Collecting consumer accounts
- \_\_\_\_\_ Handling consumer concerns
- \_\_\_\_\_ Connecting and disconnecting meters
- \_\_\_\_\_ Electrical mapping systems
- \_\_\_\_\_ Load switching
- \_\_\_\_\_ Substation construction
- \_\_\_\_\_ Line construction
- \_\_\_\_\_ Transformer banks
- \_\_\_\_\_ Regulators, capacitors, breakers and switches
- \_\_\_\_\_ Underground experience, (primary and/or secondary)

**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:   To:			From:   To:	
		Supervisor:		May we contact them?
	Phone:			
From:   To:			From:   To:	
		Supervisor:		May we contact them?
	Phone:			
From:   To:			From:   To:	
		Supervisor:		May we contact them?
	Phone:			

**Attach additional sheets if necessary.**

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

Name and Occupation	Address	Phone Number

**IMPORTANT! READ THIS:**

**CERTIFICATION**

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 PRESIDENT OR THE GENERAL MANAGER 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 OR USE OF ALCOHOL OR ILLEGAL CONTROLLED SUBSTANCES.

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

\_\_\_\_\_  
Date

**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: \_\_\_\_\_

## 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.<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 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
- 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 (previously called mental retardation)

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.

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<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).

**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.



## Fort Loudoun Electric Cooperative

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

Fort Loudoun 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 attained 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.

Fort Loudoun 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, Fort Loudoun 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