

Mountain Electric Cooperative
P.O. Box 180
Mountain City, Tennessee 37683
423.727.1800

APPLICATION FOR EMPLOYMENT

Mountain Electric Cooperative is a Smoke-Free Workplace

Date: _____

Note: Applicants applying for positions that require a commercial driver’s license 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.

MOUNTAIN ELECTRIC COOPERATIVE IS AN EQUAL OPPORTUNITY EMPLOYER.

PLEASE PRINT

Name: _____
(Last) (First) (Middle)

Address: _____ Telephone No.: _____
(Street)

_____ Alternate No.: _____
(City) (State) (Zip)

E-mail Address: _____

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 Trustee of Mountain Electric Cooperative? Yes No

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
If yes, when? _____

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, creed, color, religion, sex (including pregnancy), national origin, age, disability, veteran status, or union affiliations.)*

Apart from absence for religious observation, are you available to work from 8 a.m. to 5 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

If yes, give details, including jurisdiction (state and county) where such conviction occurred. No

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					

PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY

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

CLERICAL AND SECRETARIAL APPLICANTS ONLY

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Switchboard | <input type="checkbox"/> Shorthand ___ wpm | <input type="checkbox"/> Accounts receivable, payable, or payroll systems |
| <input type="checkbox"/> Word processor | <input type="checkbox"/> Calculating machine | <input type="checkbox"/> Load management |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Personal computer | |
| <input type="checkbox"/> Proofreading | <input type="checkbox"/> Handling consumer concerns | |
| <input type="checkbox"/> Typing ___ wpm | | |

TRADES, CRAFTS, AND TECHNICAL APPLICANTS ONLY

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

- | | |
|---|--|
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Brush clearing |
| <input type="checkbox"/> Computer inventory methods | <input type="checkbox"/> Clearing machinery |
| <input type="checkbox"/> Lay out work orders | <input type="checkbox"/> Material control |
| <input type="checkbox"/> Prepare work orders | <input type="checkbox"/> Perpetual inventory |
| <input type="checkbox"/> Basic electricity | <input type="checkbox"/> Automotive maintenance |
| <input type="checkbox"/> Tree trimming | <input type="checkbox"/> 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:			From:	
To:			To:	
		Supervisor:		May we contact them?
	Phone:			
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
	Phone:			
From:			From:	
To:			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. 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 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: _____

Employment Acknowledgment

I accept Mountain Electric Cooperative's offer of employment. I understand and agree that:

- (1) my employment with Mountain Electric Cooperative is at-will, and that my employment may be terminated at any time for any reason or no reason, with or without cause;
- (2) my at-will status may only be changed in writing, by a separate agreement signed by the General Manager or the President of the Board;
- (3) the Cooperative's employment practices and policies do not create a contract of employment with me nor do they alter my status as an employee at-will or guarantee any benefit of employment set out therein;
- (4) I am expected to abide by the Cooperative's policies and procedures; and
- (5) the Cooperative has made no other promises to me other than those outlined in this agreement.

Employee's Name

Employee's Signature

Witness

Date

Date

Previous
Addresses

Street	City	State & Zip Code	How Long? _____ yr./mo.
Street	City	State & Zip Code	How Long? _____ yr./mo.
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			
	FROM MO.	YR.	TO MO.	YR.
NAME				
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER			
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER	DATE			
	FROM MO.	YR.	TO MO.	YR.
NAME				
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER			
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER	DATE			
	FROM MO.	YR.	TO MO.	YR.
NAME				
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER			
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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.

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)

Mountain Electric Cooperative

Voluntary Self-Identification of Race, Ethnicity and Gender

Mountain Electric Cooperative (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.

ETHNICITY

- Hispanic or Latino* - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
-

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.
-

GENDER

- Male
- Female
-

Applicant's/Employee's Name: _____ Date: _____

Position Applying For: _____

Note: If an employee declines to self-identify, employment records or observer identification may be used.

Mountain Electric Cooperative, Inc.

“Pre-Offer” Invitation to Self-Identify as a Protected Veteran

Mountain Electric Cooperative, Inc. 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.

Mountain Electric Cooperative, Inc. 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, Mountain Electric Cooperative, Inc. 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

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.

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: