



# SALT RIVER ELECTRIC

111 West Brashear Avenue • Bardstown, Kentucky 40004  
(502) 348-3931 • (502) 955-9732 • Fax (502) 348-1993

## APPLICANT INFORMATION FORM

Dear Applicant:

In order for us to meet federal record-keeping requirements, we request that you answer the following personal questions. This information is voluntary, and refusal to provide it will not result in any adverse treatment. This information will not be used for any purpose in the employee selection process. If you have any questions about this questionnaire, please do not hesitate to ask to speak to a representative of the Human Resources Department.

PLEASE PRINT:

1. Position Desired \_\_\_\_\_ Date \_\_\_\_\_

2. Full Name \_\_\_\_\_

3. Sex (check one)  Male  Female  Prefer not to answer

4. Ethnicity Origin (check one)

Are you Hispanic or Latino? Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Yes

No

Prefer not to answer

**Continue with question 5 ONLY if you answer "No" to question 4.**

5. Race and Ethnic origin (check one)

White (not Hispanic origin): Persons having origins in any of the original peoples of North Africa, Europe, or the Middle East.

Black/African American: Persons having origins in any of the Black racial groups of Africa.

Asian: 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.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaskan Native: 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.

Two or more races: All persons who identify with more than one of the above five races.

Prefer not to answer

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee ID: \_\_\_\_\_  
(if applicable)

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

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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?

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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish 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: \_\_\_\_\_

## INVITATION FOR INCLUSION UNDER AFFIRMATIVE ACTION PROGRAMS FOR PROTECTED VETERANS

Salt River Electric is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (VEVRAA) which requires such 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.

### **DEFINITIONS:**

A "disabled veteran" is defined as (1) 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 (2) a person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" is defined as any veteran who was discharged or released from active duty in the U.S. military, ground, naval or air service in the past three years.

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 that 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. Submission of this information is voluntary, and refusal to provide it will not subject you to discharge, discipline, or any other adverse treatment. The information provided will be maintained confidentially and will be used only in ways that are consistent with VEVRAA.

- I identify as one or more of the classifications of protected veterans listed above.**
- I am not a protected veteran.**
- I do not wish to answer.**

If you are a disabled veteran, please let us know if there are any reasonable accommodations we could make that would enable you to be considered for a job opening or to perform the essential functions of the position you hold. We consider requests on a case-by-case basis.

I HAVE READ THE ABOVE AND VOLUNTARILY SUBMIT THIS INFORMATION.

Date: \_\_\_\_\_

Name: (Print) \_\_\_\_\_


Signature: \_\_\_\_\_



# APPLICATION FOR EMPLOYMENT

## SALT RIVER ELECTRIC

111 West Brashear Avenue • Bardstown, Kentucky 40004 (502) 348-3931 • (502) 955-9732 • Fax (502) 348-1993

A Touchstone Energy Cooperative 

We welcome you as an applicant. Your application will be given equal consideration in competition with others for positions available with Salt River Electric. SRECC is an Equal Employment Opportunity Employer, M/F/Vet/Disability.

If you are an individual with a disability and require a reasonable accommodation to complete any part of the application process or if you are limited in the ability to or are unable to complete this application and need an alternative method for applying, you may contact the Manager of Human Resources for assistance.

No question is asked for the purpose of excluding any applicant due to race, color, religion, sex, national origin, smoking, age, protected veteran status, genetic information, disability, sexual orientation or gender identity or any other status protected by law or regulations.

Complete information must be furnished so that we may give you fair and appropriate consideration.

(Please Print)

|                 |  |       |        |  |
|-----------------|--|-------|--------|--|
| <b>PERSONAL</b> | Last name  | First | Middle | Date   |
|                 | Street address   |       |        | Home Phone<br>( )-   |
|                 | City, State, Zip   |       |        | Cell Phone<br>( )-   |
|                 | Have you ever applied for employment or worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, when? _____  |       |        | Social Security No.  |
|                 | Position desired   |       |        | Pay expected   |
|                 | Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If not, what hours can you work? _____  |       |        | Will you work overtime if asked?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|                 | Other special training or skills (languages, machine operations, etc.)<br>_____<br>_____   |       |        | When will you be available to begin work?<br>_____   |
|                 | Do you have any commitments to another employer which might affect your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:<br>_____   |       |        |  |
|                 | List any relatives working for us. (Please specify your relationship.)<br>_____  |       |        |  |
|                 | Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain.<br>A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the nature of the job, the date of conviction, and the nature and gravity of the offense.<br>_____<br>_____ |       |        |  |

PLEASE NOTE:

This application form was designed for use by persons applying for various types of positions with Oak River Electric - clerical, professional technical and administrative. Please answer the questions to the best of your ability. All information will be treated confidentially.

|                  |            |                             |                 |                           |  |                   |
|------------------|------------|-----------------------------|-----------------|---------------------------|--|-------------------|
| <b>EDUCATION</b> | SCHOOL     | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY | NO. OF YEARS OF COMPLETED | DID YOU GRADUATE?  | DEGREE OR DIPLOMA |
|                  | COLLEGE    |                             |                 |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |
|                  | HIGH       |                             |                 |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |
|                  | ELEMENTARY |                             |                 |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |
|                  | OTHER      |                             |                 |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |

|               |   |
|---------------|---|
| <b>SKILLS</b> | Check any of the following for which you have experience and/or training:   |
|               | <input type="checkbox"/> Typewriter (electric) speed _____ w.p.m<br><input type="checkbox"/> Dictaphone<br><input type="checkbox"/> Keypunch machine/data entry<br><input type="checkbox"/> Calculator<br><input type="checkbox"/> Computer hardware (specify type) _____<br><input type="checkbox"/> Computer Language(s) _____<br><input type="checkbox"/> Word processor (specify type) _____<br><input type="checkbox"/> Mag Card<br><input type="checkbox"/> Shorthand speed _____ w.p.m<br><input type="checkbox"/> PBX/switchboard<br><input type="checkbox"/> Software (specify type) _____<br><input type="checkbox"/> Electronic data processing equipment (specify type) _____<br><input type="checkbox"/> Other _____ |

|                            |                     |         |              |
|----------------------------|---------------------|---------|--------------|
| <b>PERSONAL REFERENCES</b> | NAME AND OCCUPATION | ADDRESS | PHONE NUMBER |
|                            |                     |         |              |
|                            |                     |         |              |

|   |                              |
|---|------------------------------|
| <b>PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</b> |                              |
| Name _____  | Relationship _____           |
| Address _____                                     | Telephone _____ (____) _____ |

# EMPLOYMENT HISTORY

List present employer or most recent employer first (use the other side of this application, if necessary). May we contact these employers?

Yes  No If not, indicate NO by the ones(s) you do not wish us to contact.

|                     |     |                    |  |                   |
|---------------------|-----|--------------------|--|-------------------|
| Employer            |     | Employed           |  | Supervisor's name |
| Address             |     | From _____ Mo./Yr. |  | Your job title    |
| Telephone           |     | To _____ Mo./Yr.   |  |                   |
| Your Salary         |     | Duties             |  |                   |
| Start               | End | _____              |  |                   |
|                     |     | _____              |  |                   |
| Reasons for leaving |     |                    |  |                   |

|                     |     |                    |  |                   |
|---------------------|-----|--------------------|--|-------------------|
| Employer            |     | Employed           |  | Supervisor's name |
| Address             |     | From _____ Mo./Yr. |  | Your job title    |
| Telephone           |     | To _____ Mo./Yr.   |  |                   |
| Your Salary         |     | Duties             |  |                   |
| Start               | End | _____              |  |                   |
|                     |     | _____              |  |                   |
| Reasons for leaving |     |                    |  |                   |

|                     |     |                    |  |                   |
|---------------------|-----|--------------------|--|-------------------|
| Employer            |     | Employed           |  | Supervisor's name |
| Address             |     | From _____ Mo./Yr. |  | Your job title    |
| Telephone           |     | To _____ Mo./Yr.   |  |                   |
| Your Salary         |     | Duties             |  |                   |
| Start               | End | _____              |  |                   |
|                     |     | _____              |  |                   |
| Reasons for leaving |     |                    |  |                   |

|                     |     |                    |  |                   |
|---------------------|-----|--------------------|--|-------------------|
| Employer            |     | Employed           |  | Supervisor's name |
| Address             |     | From _____ Mo./Yr. |  | Your job title    |
| Telephone           |     | To _____ Mo./Yr.   |  |                   |
| Your Salary         |     | Duties             |  |                   |
| Start               | End | _____              |  |                   |
|                     |     | _____              |  |                   |
| Reasons for leaving |     |                    |  |                   |

|                     |     |                    |  |                   |
|---------------------|-----|--------------------|--|-------------------|
| Employer            |     | Employed           |  | Supervisor's name |
| Address             |     | From _____ Mo./Yr. |  | Your job title    |
| Telephone           |     | To _____ Mo./Yr.   |  |                   |
| Your Salary         |     | Duties             |  |                   |
| Start               | End | _____              |  |                   |
|                     |     | _____              |  |                   |
| Reasons for leaving |     |                    |  |                   |

**OTHER**

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities accomplishments, etc. (You should exclude all information indicative of age, sex, religion, color, national origin and genetic information.)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**SIGNATURE**

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration and may be considered justification for dismissal, even if discovered at a later date.

In consideration of my employment, I agree to conform to the rules and regulations of the Cooperative and that my employment and compensation can be terminated, with or without notice, at any time, at the option of either the Cooperative or myself. I understand that no representative of the Cooperative, other than the president, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I authorize person, schools, current employer (if applicable), previous employers, and organizations named in this application to provide Salt River ECC with any relevant information that may be required to arrive at an employment decision.

\_\_\_\_\_  
Signature