



An Equal Opportunity Employer

*This application will be considered active and retained on file for a period of one (1) year. Salt River Electric Cooperative Corporation, in accordance with State and Federal laws, does not discriminate on the basis of race, color, disability, religion, age, sex, sexual orientation, gender identity, citizenship, marital status, veteran status, or national origin. The Cooperative also is required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ individuals with disabilities and protected veterans.*

PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you a US Citizen or a Permanent Resident Alien? ☐Yes ☐No If not, what is your immigration status? \_\_\_\_\_

Do you have a legal right to work in the United States? ☐Yes ☐No Are you at least 18 years of age? ☐Yes ☐No

Do you have a valid driver's license? ☐Yes ☐No Do you fluently speak a second language, such as Spanish? ☐Yes ☐No

Have you ever been convicted of a felony? ☐Yes ☐No If yes, give details, including state and county where conviction occurred. \_\_\_\_\_

Are you related, by blood or marriage, to any existing employee of Salt River Electric or a Salt River Director? ☐Yes ☐No

If yes, state name and relationship. \_\_\_\_\_

List any friends or acquaintances presently working for Salt River. \_\_\_\_\_

DESIRED POSITION

Position that you are applying for: \_\_\_\_\_

How did you learn of this opening at Salt River? \_\_\_\_\_

Expected Salary: \$ \_\_\_\_\_ Available Start Date: \_\_\_\_\_

Are you able to perform the essential functions of the position as described in the job description? ☐Yes ☐No

If no, please explain: \_\_\_\_\_

Have you previously been employed by Salt River Electric or another electric cooperative? ☐Yes ☐No

If yes, indicate position, department and dates: \_\_\_\_\_

Are you able to work overtime? ☐Yes ☐No Are you available for after-hours assignments? ☐Yes ☐No

EDUCATION AND SKILLS

Please indicate your most recent level of education completed.

High School ☐ 1 ☐ 2 ☐ 3 ☐ 4      College/University ☐ 1 ☐ 2 ☐ 3 ☐ 4      Vocational School ☐ 1 ☐ 2 ☐ 3 ☐ 4

Type of Education	Name and Location (City, State)	Years Attended	Field of Study	Degree Earned

Skills/Qualifications (Check all for which you have experience):

- ☐ Word Processor
- ☐ Tree trimming
- ☐ Radio communication/operation
- ☐ Data process entry
- ☐ Brush clearing
- ☐ Electrical mapping systems
- ☐ Proofreading
- ☐ Clearing machinery
- ☐ Load management systems
- ☐ Calculating
- ☐ Equipment/machinery
- ☐ Load Switching
- ☐ Personal computer
- ☐ Basic electricity
- ☐ Line locating
- ☐ Accounts Receivable/Payable
- ☐ Electrical hand tools
- ☐ Substation construction
- ☐ Payroll
- ☐ Connecting/Disconnecting Meters
- ☐ Line construction
- ☐ Working with consumers
- ☐ Meter reading
- ☐ Transformer Banks
- ☐ Collecting Consumer Accounts
- ☐ Electrical safety
- ☐ Regulators and capacitors
- ☐ Handling Consumer Accounts
- ☐ Pole inspection
- ☐ Breakers and switches
- ☐ Warehousing
- ☐ Prepare service orders
- ☐ Hotline work (primary & secondary)
- ☐ Computer inventory methods
- ☐ Underground (primary & secondary)
- ☐ Material inventory
- ☐ Other (please list) \_\_\_\_\_

List special training or job-related achievements and attach your resume. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List your membership in any professional or civic organizations (exclude those which may disclose your race, color, religion or national origin). \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

List your last three employers with the most recent first.

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Dates Employed (From) \_\_\_\_\_ (To) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact your supervisor for a reference? ☐ Yes ☐ No

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Dates Employed (From) \_\_\_\_\_ (To) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact your supervisor for a reference? ☐ Yes ☐ No

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Dates Employed (From) \_\_\_\_\_ (To) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact your supervisor for a reference? ☐ Yes ☐ No

## PERSONAL REFERENCES

Please list three personal references. (Not former employers or relatives)

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## CERTIFICATION & AUTHORIZATION

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 disclosed at a later date.

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

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 given time, at the option of wither the Cooperative or myself. I understand that no representative of the Cooperative, other than the president, has any authority to enter into agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

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

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## APPLICANT INFORMATION FORM

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 or speak to our Human Resources Department.

Applicant's Full Name \_\_\_\_\_

Position Desired \_\_\_\_\_

Sex (check one) ☐ Male ☐ Female ☐ Prefer not to answer

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

Race and Ethnic Origin (check one)

☐ White (not Hispanic origin): Person having origin 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 people 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 origin 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 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 previously had a disability)

No, I do not have a disability

I do not 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.





## Voluntary Self Identification Form Disabled and Protected Veteran Status

Salt River Electric is an equal opportunity employer and in accordance with State and Federal laws, does not discriminate on the basis of race, color, disability, religion, age, sex, sexual orientation, gender identity, citizenship, marital status, veteran status, or national origin. The Cooperative also is required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ individuals with disabilities and protected veterans. In order to fulfill our reporting obligations, we request your voluntary completion of the information below. Failure to complete this form will have no bearing on the processing or status of your application and will in no way impact your consideration for employment with *Salt River Electric*. The information will not be maintained with your application, or if hired, your personnel file.

<b>Name:</b>	<b>CITIZENSHIP</b> Are you a United States Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Do you have citizenship in any other country?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### VETERAN STATUS

Using the definitions as stated below, check the box or boxes below to identify yourself in as many protected veterans categories as apply.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Disabled Veteran	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Active Duty Wartime or Campaign Badge Veteran
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Recently Separated Veteran	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Armed Forces Service Medal Veteran

*Non-Participation: I have read the above statement and I have chosen not to complete this form. Please check box if applicable.* ☐

Signature

Date

### Disabled and Veteran Self-Identification Information/Definitions

Salt River Electric is a federal contractor subject to Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans Readjustment Act of 1974 (VEVRAA), as amended. Section 503 prohibits job discrimination because of disability by employers holding federal contracts or subcontracts and requires such employers to take affirmative action to employ and advance in employment qualified individuals with disabilities who, with or without reasonable accommodation, can perform the essential functions of a job. VEVRAA requires government contractors to take affirmative action to employ and advance in employment protected veterans.

If you have a disability or are a protected veteran and would like to participate in our affirmative action program, please complete the form provided or contact your local HR/EEO Representative. Our affirmative action program contains policies and procedures that assure compliance with our Section 503 and VEVRAA obligations. You may inform us of your desire to benefit under the affirmative action program now or at any time in the future. **Your completion of the self-identification form is completely voluntary.**

This employer also is subject to the Americans with Disabilities Act (ADA). Consistent with the ADA, this employer's policy is to provide reasonable accommodations to any individual with a disability who needs such an accommodation to complete the job application process or to perform the job in question. If you need such an accommodation, you may request it at any time by contacting your local HR/EEO Representative or your supervisor. Making a request for an accommodation will not subject you to any adverse treatment.

Disclosure of your status as an individual with a disability or protected veteran is voluntary. Choosing not to provide this information will not subject you to any adverse treatment. Information you submit concerning your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work duties of individuals with disabilities or special disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) Government officials engaged in enforcing the Rehabilitation Act, VEVRAA, or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are consistent with Section 503 of the Rehabilitation Act, VEVRAA, and the ADA.

#### Definitions:

Disabled Veteran means (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.

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.

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.

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 (61Fed Reg 1209).