



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.

Form with fields for 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? _____

[] Yes [] No

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? <input type="checkbox"/> Yes
From:			From:	
To:			To:	May we contact them? <input type="checkbox"/> Yes
From:			From:	
To:			To:	May we contact them? <input type="checkbox"/> Yes
From:			From:	
To:			To:	May we contact them? <input type="checkbox"/> 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.

- 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

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:

DRIVER'S SUPPLEMENTAL APPLICATION FOR EMPLOYMENT

Applicant's Name _____
(print or type)

Date of Application _____

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

List your addresses of residency for the past three years.

Current Address _____
Street City
State Zip Code Phone _____ How Long? _____
yr./mo.

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	
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				

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				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE			
NAME			FROM		TO	
			MO.	YR.	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		TO	
			MO.	YR.	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)

