



WashingtonEMC

A Member-owned Electric Cooperative

Application for Employment

Date of Application _____

It is the practice of Washington Electric Membership Corporation to accept Applications for Employment for existing vacancies only. You must submit a separate application for each position for which you desire to be considered. Complete information should be furnished in order that we may give you fair and appropriate consideration. As an Equal Opportunity Employer, it is the policy of Washington Electric Membership Corporation to afford employment opportunity to all individuals, regardless of race, color, religion, sex, national origin, handicap, disability, veteran status, or age.

POSITION INFORMATION

Position Applying For: _____

Have you ever applied for a job with Washington Electric Membership Corporation? If yes, please give position _____

Date Available for Work: _____

Have you ever been employed with Washington Electric Membership Corporation? If yes, provide termination date _____

GENERAL INFORMATION

Name: _____

(Last)

(First)

(Middle)

Current Address: _____

Home Phone: _____

Business Phone: _____

If at the above address for less than 3 years, list below all residences for past three years:

Street	City	State	Zip Code
Street	City	State	Zip Code
Street	City	State	Zip Code

If selected, can you furnish proof that you are at least 18 years of age and eligible to work in the United States? If "No", please explain (*If unsure of needed documentation required, we will explain the requirements*) :

Have you been convicted of, or pled guilty to, a felony or been released from prison in the past 10 years? If "Yes", please explain: _____

(Note: If "Yes", it does not automatically disqualify you from employment since the nature of the offense, date, and type of job you are applying will be considered.)

Are you related by blood or marriage to a Washington EMC director, employee, or immediate family of employee? If "Yes", please give name and relationship to person _____

Do you have any commitments to another employer that might affect your employment with our company?

EDUCATION & TRAINING

Name of School & Address	# of Years Completed	Diploma/Degree	Major Course of Study
High School _____ Address _____ _____			
College _____ Address _____ _____			
Trade School _____ Address _____ _____			
Graduate School _____ Address _____ _____			

Do you have all of the professional licenses and certifications listed in the job announcement, job advertisement, or job description, or that are necessary to perform the job for which you are applying? If "No", please explain _____

EMPLOYMENT HISTORY**(1)**

Employer _____
Address _____

Phone _____
Supervisor's Name _____
Date Employed: From _____ To _____
Wage/Salary _____

Position Title _____
Duties _____

Reason for Leaving _____

(2)

Employer _____
Address _____

Phone _____
Supervisor's Name _____
Date Employed: From _____ To _____
Wage/Salary _____

Position Title _____
Duties _____

Reason for Leaving _____

(3)

Employer _____
Address _____

Phone _____
Supervisor's Name _____
Date Employed: From _____ To _____
Wage/Salary _____

Position Title _____
Duties _____

Reason for Leaving _____

(4)

Employer _____
Address _____

Phone _____
Supervisor's Name _____
Date Employed: From _____ To _____
Wage/Salary _____

Position Title _____
Duties _____

Reason for Leaving _____

(5)

Employer _____
Address _____

Phone _____
Supervisor's Name _____
Date Employed: From _____ To _____
Wage/Salary _____

Position Title _____
Duties _____

Reason for Leaving _____

REFERENCES

(1)
Name_____

Address_____

Phone_____

Years Known_____

(2)
Name_____

Address_____

Phone_____

Years Known_____

(3)
Name_____

Address_____

Phone_____

Years Known_____

(4)
Name_____

Address_____

Phone_____

Years Known_____

Complete this section **ONLY** if you are applying for a position requiring a Commercial Driver's License (CDL).

DRIVER EXPERIENCE & QUALIFICATION

Date of Birth_____ The U.S. Department of Transportation requires that driver applicants state their date of birth. 391.21 (b) (2).

Social Security Number_____

Physical History:

The U.S. Department of Transportation requires that all driver applicants pass certain physical tests before they are hired to drive for a motor carrier. FMCSR 391 Subpart E.

Date of last Department of Transportation prescribed physical examination_____

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand, or arm? _____

<i>LICENSES</i>				
Driver's Licenses held in the past 3 years must be shown	State	License Number	Type	Expiration Date

- A. Have you ever been denies a license, permit, or privilege to operate a motor vehicle? _____
- B. Has any license, permit, or privilege ever been suspended or revoked? _____
- C. Have you ever been disqualified for violations of Federal Motor Carrier Safety Regulations? _____

If any of these answers is "Yes", please attach a statement giving details

<i>DRIVING EXPERIENCE</i>				
Class of Equipment	Type of Equipment	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Twin Trailers				
Other				

List states operated in during last five years_____

List special courses or training that will help you as a driver_____

List safe driving awards held and who they were presented by_____

ACCIDENT REVIEW FOR THE PAST 3 YEARS (Attach a separate sheet if needed)

Dates	Nature of Accident (Head on, Rear End, etc)	Fatalities	Injuries

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS, OTHER THAN PARKING VIOLATIONS

Location	Date	Charge	Penalty

Additional Information

How did you hear about the job opening?

A) Newspaper (Please Name Newspaper) _____

B) Georgia DOL Website _____

C) Online (Please list website) _____

D) Social Media (Please list site) _____

E) Other (Please explain) _____

TO BE READ AND SIGNED BY THE APPLICANT

I hereby authorize Washington Electric Membership Corporation to investigate all statements claimed in this application. I understand that misrepresentation or omission of material facts will be cause for immediate dismissal without notice.

I understand that passing an employment entrance examination by Washington Electric Membership Corporation physician is required after employment has been offered to determine physical fitness as related to job requirements. The corporate physician is hereby authorized to discuss the results of the medical examination, as it relates to work activities, with the appropriate Washington Electric Membership Corporation personnel.

I certify, as a condition of employment, that this application was completed by me, that all entries on it and information in it are true and complete to the best of my knowledge, and that I will comply with all the rules and regulation of this corporation that are in effect now and any others that may be instituted at a later date. I also agree to follow all health and safety regulations including the use of safety equipment at all times on the job.

I also authorize the release of information with regard to my character, ability, employment, and habits and agree to hold any persons contacted harmless with respect to any information they may give.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures, or handbooks that I might receive, is intended to provide an employment contract between Washington Electric Membership Corporation and myself. No promises regarding employment have been made to me, and I understand that no promise or guarantee is binding upon the Corporation. If an employment relationship is established, I understand that I have the right to terminate my employment at any times, for any reason, or for no reason, and that Washington Electric Membership Corporation retains a similar right regarding the discontinuation of my employment, subject to the full extent of the law.

I understand that my employment is conditioned also upon the results of an employment urine drug screen for which I submitted or will submit a specimen for testing. I realize that any positive result, not caused by the presence of a legitimately prescribed drug, will cause my being refused employment or dismissed if the results of the test are received after my initial employment date.

Applicant Signature

Date

TO BE READ AND SIGNED BY THE APPLICANT

I, _____, understand that if I receive an offer of employment from Washington Electric Membership Corporation that it will be contingent upon receipt of the results of a physical examination designed solely to determine my physical fitness to perform the duties of the position that I have been offered. Accordingly, I voluntarily consent to a physical examination conducted at the request of and paid for by Washington Electric Membership Corporation. I understand that I will receive a copy of the written examination and that I may also provide the examiner with additional information related to my ability to perform the positions duties. I understand that I may ask questions of the examiner and may also stop the examination at any time. I understand that if I fail to complete the examination or do not authorize the results to be released to Washington Electric Membership Corporation within two calendar weeks (14 days) of the date of the conditional job offer, the job offer will be withdrawn.

Agreed to by: _____ (Signature of Employee)

Employee's printed name: _____

Date: _____

TO BE READ AND SIGNED BY THE APPLICANT

I, _____(applicant name), do hereby agree to submit to testing to be performed by Drug & Alcohol Testing, 1825 Highland Avenue, Dublin, GA 31021, for detection of drugs and alcohol. I give permission for test results to be released to Washington Electric Membership Corporation. I understand that positive test results, refusal to be tested, or any attempt to affect the test results or test sample will result in withdrawal of my application for employment, withdrawal of any provisional employment offer I have received from Washington Electric Membership Corporation or termination of employment, depending on when results are received.

Applicant Signature_____ Date_____

Witnessed by:_____ Date_____

DISCLOSURE, CONSENT AND RELEASE FOR OBTAINING WORK HISTORY, CRIMINAL, DRIVING AND CONSUMER REPORT INFORMATION

By my signature below, I authorize Washington EMC, acting on its own behalf, to request and obtain information — written, oral, or other — from any person, business, law enforcement and all other federal, state and local agencies; federal, state and local courts; motor vehicle records agencies, or any other organization bearing on my work history, criminal background, driving record, or history, general reputation, or personal characteristics. I further authorize any persons or entity to provide such information upon request by same. I understand that this investigation may include interviews with friends, acquaintances, or others who may have relevant information concerning me, and that this report will be used for hiring or employment purposes, including evaluating me for employment, promotion, reassignment, or retention as an employee of Washington EMC.

_____	_____	_____
Last Name	First Name	Middle Name

Maiden Names/Other Last Names		

_____	_____	_____
Date of Birth	Social Security Number	Driver’s License Number

Current Address		

_____	_____	_____
City	State	Zip Code

Additional Addresses in last 7 years. List most current first.

Address 1

_____	_____	_____
City	State	Zip Code

Address 2

_____	_____	_____
City	State	Zip Code

I understand and agree that Washington EMC, its employees or agents acting on its behalf, and any other person or business that requests or provides the above-requested information, shall not be held legally accountable in any way for requesting or providing same, and I hereby waive and release such persons or companies from any and all liability which may be incurred as a result of requesting or providing such information.

_____	_____
Applicant/Employee Signature	Date

FOR OFFICE USE – TO BE COMPLETED BY VP, FINANCE & ADMINISTRATION

☐ **Hire**

Position Title _____ Department _____

Base Salary Offered \$ _____ Salary Grade _____

Justification _____

Date of Offer of Employment _____

☐ **Interviewed - Reject**

Reason _____

Hiring Supervisor/Manager _____ Date _____

☐ **Not interviewed**

Reason _____

Hiring Supervisor/Manager _____ Date _____

Disposition

☐ **Employment Offered and Accepted**

Start Date _____

☐ **Employment Offered and Declined**

Reason _____

V.P., Finance & Administration _____ **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:

Voluntary Invitation to Applicants to Self-Identify

Washington EMC is an Equal Opportunity/Affirmative Action employer, and as a federal contractor, we are required to take affirmative action to employ and advance females, minorities, and protected veterans. To comply with these laws, we invite you to voluntarily self-identify your race/ethnicity, gender, and protected veteran status. Please complete the information below and return as instructed. Submission of this information is voluntary and will not, in any way, subject you to any adverse treatment. Responses will be kept confidential and will not be used in a manner that is inconsistent with any law.

GENDER:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I choose not to disclose
ETHNICITY:	<input type="checkbox"/> Hispanic or Latino - all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. <input type="checkbox"/> Not Hispanic or Latino - everyone who is not "Hispanic or Latino," as defined above. <input type="checkbox"/> I choose not to disclose.
RACE:	<p>If you selected "Hispanic or Latino," DO NOT complete this section. Otherwise, please check one:</p> <input type="checkbox"/> White (Not Hispanic or Latino): all persons having origins in any of the original people of Europe, North Africa, or the Middle East <input type="checkbox"/> Black or African American (Not Hispanic or Latino): All persons having origins in any of the black racial groups of Africa <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – any persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands <input type="checkbox"/> Asian (Not Hispanic or Latino) – all persons 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 <input type="checkbox"/> American Indian or Alaskan Native (Not Hispanic or Latino) - all persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community attachment <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) – all persons who identify with more than one of the above races <input type="checkbox"/> I choose not to disclose.
VETERAN STATUS:	<p>"Disabled Veteran" is defined as a (1) 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 Department of Veterans Affairs; or (2) a person who was discharged or released from active duty because of a service-connected disability.</p> <p>"Active Duty Wartime or Campaign Badge Veteran" means any 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.</p> <p>"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.</p> <p>"Recently Separated Veteran" is defined as any veteran discharged or released from active duty in the past three years.</p> <p>If you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.</p> <input type="checkbox"/> I identify as one or more of the categories of protected veterans listed above. <input type="checkbox"/> I am not a protected veteran, or I choose not to disclose my protected veteran status.

Print Name: _____ Date: _____