

Sho-Me Power Electric Cooperative

Application For Employment

It is the policy of Sho-Me Power Electric Cooperative (SMP) to provide equal opportunity with regard to all terms and conditions of employment. No information provided here will be used in an unlawful manner. Please *complete in your own handwriting and use ink*. Answer each question. Failure to answer all questions completely may result in your application being rejected. Read and sign page 3.

Position(s) Applied For _____ Date _____

General Information

Name _____
Last First Middle

Mailing Address _____
Number Street City County State Zip Code

Telephone: Home (_____) _____ Cell (_____) _____
Work (_____) _____ E-mail _____

- Are you 18 or older? Yes No
- Do you have reliable transportation? Yes No
- Are you legally eligible to work in the United States? Yes No

If employed, you will be required to provide employment eligibility Verification mandated by the federal government. Sho-Me Power Cooperative is a participating employer in E-Verify.

List any previous dates of employment at SMP or enter "None". _____

List any relatives who are currently employed at SMP or enter "None".
SMP has a nepotism policy which may prohibit the employment of relatives under certain circumstances. If you have a relative currently employed at SMP, state the name(s), relationship(s) and location(s) of the person(s) to whom you are related in the space to the right.

List any criminal convictions (as described below) or enter "None"
Please include convictions for which you pleaded guilty or nolo contendere (no contest), paid a fine, received a suspended sentence, and/or were incarcerated. Do not include minor traffic violations and convictions that have been annulled, expunged, sealed, or pardoned by a court.

- Will you relocate if required? Yes No
- Will you work overtime if required? Yes No

Employment History

Provide the employment information requested below, including experience in the U.S. Military Service. Begin with your present or most recent employment. If you are active in the job, leave the End Date blank.

Employer Name and Address: _____ _____ _____ Starting Salary: \$ _____ / <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Ending Salary: \$ _____ / <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Name of Supervisor(s): _____ Supervisor(s) Title: _____ Phone Number: (____) _____	Job Title: _____ Describe the work you did: _____ _____ _____ _____ From: ____ / ____ To: ____ / ____ Month Year Month Year Reason for Leaving: _____ _____ _____
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May we contact the employers listed above? Yes No
If no, indicate which employer(s) we should not contact: _____

Education and Training

Indicate all schools that you have attended. Completion of a formal education is a job-related requirement for some positions at SMP.

	High School	Vocational/Technical	College/University	Graduate School
School Name				
Expected Completion Date <small>*only enter if in progress</small>				
Diploma/Degree				
Major Course(s) of Study				
Grade Point Average (GPA)				

Applicant Authorization

Read Carefully Before Signing

I certify that the facts contained in this application and supporting documents for employment at SMP are true and complete to the best of my knowledge. I understand that any misrepresentations, falsifications, or deliberate omissions will result in my disqualification as an applicant or immediate dismissal from any ensuing employment. I authorize investigation of all statements herein.

I also authorize by my signature below or a copy thereof, the organizations and individuals referred to herein to furnish information to SMP. SMP shall be held harmless should it, in processing this employment application, rely on information provided from these sources, even if the information provided is inaccurate or erroneous. Additionally, I understand that nothing contained in this employment application and supporting documents or in the granting of an interview or in any policies, procedures or handbooks that I might receive, is intended to create an employment contract between SMP and myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon SMP. If an employment relationship is established, I understand that I have a right to terminate my employment at any time, for any reason or for no reason, and SMP retains a similar right regarding discontinuation of my employment subject only to the terms of a collective bargaining agreement, if one applies, and to the full extent permitted by law.

Signed _____

(Failure to sign may invalidate your application.)

AFFIRMATIVE ACTION INFORMATION FORM

Sho-Me Power Cooperative (SMP) is an equal opportunity employer. It is SMP's policy to provide equal opportunity to all qualified persons, regardless of race, color, age, sex, religion, national origin, veteran status, disability or any other protected characteristic. This form is used to collect information so that we may analyze and monitor our equal opportunity efforts and to complete aggregate statistical reports required by the federal government. This form is removed from the application prior to the hiring supervisor's review of the application, and is maintained separately from application and personnel files. Providing or failing to provide this information does not adversely affect any consideration you may receive for employment or later advancement in employment.

Date: _____ Position applied for: _____

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

Address: _____
(City) (State) (Zip)

Referral Source: _____

GENDER: Male Female

RACE/ETHNICITY: Please check one box

- Hispanic or Latino Black or African American Asian American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander White Two or more races I decline to self-identify

PROTECTED VETERAN STATUS: This employer 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 disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans and Armed Forces service medal veterans. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the recruitment efforts we undertake pursuant to VEVRAA.

I identify as one or more of the protected veteran classifications listed below: Yes No

DISABLED VETERAN: *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.* Yes No

RECENTLY SEPARATED VETERAN: *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..* Yes No

ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN: *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..* Yes No

ARMED FORCES SERVICE MEDAL VETERAN: *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.* Yes No

Do you have any religious beliefs which would require an employer to make accommodation for you?
If yes, please specify. Yes No

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I 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:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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.

Employment Background Authorization

The applicant named below is being considered for employment as _____ with Sho-Me Power Electric Cooperative.

The applicant has listed you or your organization as a former place of employment. In accordance with the release signed by the applicant below, please provide the information requested and return this form to us in the enclosed self-addressed stamped envelope.

[Under Missouri law (MO Rev. Stat. Sec. 290.152), employers are immune from civil liability for truthful responses to a written request by former employees or prospective new employers]

Thank you.

Name of Applicant _____

Soc. Sec. No.: _____

Name of Former Employer: _____

APPLICANT'S AUTHORIZATION

I hereby authorize the above individual, company, or institution, including former employers and educational institutions to furnish Sho-Me Power Electric Cooperative with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected therewith, including Sho-Me Power Electric Cooperative from any and all liability, damages or claims whatsoever that might otherwise be incurred in furnishing such information. A photocopy of this release shall have the same effect as an original.

Signature of Applicant

RECORD OF EMPLOYMENT

Date(s) of Employment: _____ Position(s) held: _____

Reason Employment Ended: _____

Please rate the Applicant in each of the following areas:

Job Skill	Excellent	Good	Average	Below Avg.	Poor
Initiative	Excellent	Good	Average	Below Avg.	Poor
Attendance	Excellent	Good	Average	Below Avg.	Poor
Conduct	Excellent	Good	Average	Below Avg.	Poor

Would you rehire Applicant? ___ Yes ___ No

Signature

Title

Date