



## Application for Employment

### Prairie Electric, Inc. is an Equal Opportunity Employer

It is the policy of Prairie Electric, Inc. not to discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital status, genetic information, disability or because he or she is a protected veteran. Prairie Electric, Inc. further strives to diversify its workforce and encourages employee's to recruit qualified minorities, women, protected veterans, and persons with disabilities who can perform, with reasonable accommodation, the essential functions of the job.

Date of Application: \_\_\_\_\_

### Applicant Information

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

Last

First

M.I

Address: \_\_\_\_\_

Street Address

Apartment /Unit #

City

State

Zip Code

Home Phone: \_\_\_\_\_ Have you ever been employed with us before: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

### How did you hear about us?

Newspaper (N)

Company Employee (E)

Internet Job Board (B)

Job Fair (F)

Placement Office (P)

Website (W)

JATC(J)

Other \_\_\_\_\_(O)

Best time to contact you at home is: \_\_\_\_\_ : \_\_\_\_\_ am/pm

If you are under 18 years of age, can you provide proof of eligibility to work?

Yes

No

Have you ever filled out an application with us before?

Yes

No

If yes, give a date \_\_\_\_\_

Are you currently employed?

Yes

No

May we contact your employer?

Yes

No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?

Yes

No

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is your desired salary range? \_\_\_\_\_

Are you available to work

Full-time

(Please indicate 1 2 3 shift)

Part- time

(Please indicate Mornings, Afternoon, Evenings)

Temporary

(Please indicate dates available \_\_/\_\_/\_\_ - \_\_/\_\_/\_\_)

Are you currently on "Lay-off" status and subject to recall?

Yes

No

Can you travel if job requires it?

Yes

No

## Education

|                       | Name and Address of School | Course of Study | Number of Years Completed | Diploma/Degree |
|-----------------------|----------------------------|-----------------|---------------------------|----------------|
| Elementary School     |                            |                 |                           |                |
| High School           |                            |                 |                           |                |
| Undergraduate College |                            |                 |                           |                |
| Graduate Professional |                            |                 |                           |                |
| Other (Specify)       |                            |                 |                           |                |

### Licensing Information (Please check all that apply):

- ☐ Valid Driver's License
- ☐ CDL Class A
- ☐ WA General Journeyman
- ☐ OR General Journeyman
- ☐ WA Residential Journeyman
- ☐ OR Residential Journeyman
- ☐ JATC Apprentice \_\_\_\_\_ Year
- ☐ WA Trainee
- ☐ First Aid CPR- Certified
- ☐ Other \_\_\_\_\_

|  |
|--|
| Describe any specialized training, apprenticeship, skills, or extra-curricular activities. |
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|   |
|---|
| Describe any job-related training received in the United States Military. |
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|   |

|                              |
|------------------------------|
| <b>Employment Experience</b> |
|------------------------------|

|  |
|--|
| <i>Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.</i> |
|--|

|    |                     |                |    |                     |       |       |
|----|---------------------|----------------|----|---------------------|-------|-------|
| 1. | Employer            | Dates Employed |    | Work Performed      |       |       |
|    | Address             | From           | To |                     |       |       |
|    | Telephone Number(s) |                |    | Hourly Rates/Salary |       |       |
|    | Job Title           |                |    | Supervisor          | Start | Final |
|    | Reason for Leaving  |                |    |                     |       |       |
| 2. | Employer            | Dates Employed |    | Work Performed      |       |       |
|    | Address             | From           | To |                     |       |       |
|    | Telephone Number(s) |                |    | Hourly Rates/Salary |       |       |
|    | Job Title           |                |    | Supervisor          | Start | Final |
|    | Reason for Leaving  |                |    |                     |       |       |
| 3. | Employer            | Dates Employed |    | Work Performed      |       |       |
|    | Address             | From           | To |                     |       |       |
|    | Telephone Number(s) |                |    | Hourly Rates/Salary |       |       |
|    | Job Title           |                |    | Supervisor          | Start | Final |
|    | Reason for Leaving  |                |    |                     |       |       |
| 4. | Employer            | Dates Employed |    | Work Performed      |       |       |
|    | Address             | From           | To |                     |       |       |
|    | Telephone Number(s) |                |    | Hourly Rates/Salary |       |       |
|    | Job Title           |                |    | Supervisor          | Start | Final |
|    | Reason for Leaving  |                |    |                     |       |       |

*If you need additional space, please continue on separate sheet of paper.*

List professional, trade, business, or civic activities and offices held.

*You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.*

|  |
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|  |
|  |

## References

1. \_\_\_\_\_ (Name) \_\_\_\_\_ ( ) \_\_\_\_\_ (Phone)

\_\_\_\_\_ (Address)

2. \_\_\_\_\_ (Name) \_\_\_\_\_ ( ) \_\_\_\_\_ (Phone)

\_\_\_\_\_ (Address)

3. \_\_\_\_\_ (Name) \_\_\_\_\_ ( ) \_\_\_\_\_ (Phone)

\_\_\_\_\_ (Address)

## Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

## For Personnel Department Only

Position(s) being considered for: \_\_\_\_\_

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

## For Personnel Department Only

Arrange Interview      Yes      No

Remarks \_\_\_\_\_

\_\_\_\_\_  
Interviewer      Date

Employed      Yes      No      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/ Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

Name and Title

Date



## Equal Employment Opportunity Form

### Applicant Information

Full Name:

*Last*

*First*

*M.I.*

Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Home Phone:

(      )

Social Security # (last 4):

Position Applied for:

### Voluntary Information

*This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.*

**(See back of form for a list of definitions)**

Racial or Ethnic Group:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Hispanic/Latino (H)    | <input type="checkbox"/> Asian (A)                        | <input type="checkbox"/> Two or More Races (O) |
| <input type="checkbox"/> White/Caucasian (W)    | <input type="checkbox"/> Native Hawaiian/Pacific Islander |  |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> (I)                              |  |
| <input type="checkbox"/> (B)                    | <input type="checkbox"/> American Indian/Alaskan Native   |  |
|   | <input type="checkbox"/> (N)                              |  |

Gender:

- |                                 |                               |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

Military Service:

- |   |  |
|---|--|
| <input type="checkbox"/> Disabled Veteran (DV)        | <input type="checkbox"/> Armed Services Medal Veteran (MV) |
| <input type="checkbox"/> Other Protected Veteran (OV) | <input type="checkbox"/> Recently Separated Veteran (RV)   |

Choose to not self-identify:

- ☐ I choose not to self-identify

### **Ethnicity/Race Classification Definitions**

Race and ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. Definitions of the race and ethnicity categories used by the EEOC are as follows:

#### **Ethnicity/Race**

**Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White** (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American** (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian** (Not Hispanic or Latino) - 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.

**American Indian or Alaska Native** (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races** (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

### **Veteran Status Definitions**

**Disabled Veteran** -- (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.

**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.

**Armed Forces service medal veteran** -- any 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.

**Other protected 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.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### 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.<sup>1</sup> 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  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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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.

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<sup>i</sup> 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](http://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.