APPLICANT DATA RECORD

As a government contractor we abide by the requirements of 41 CFR 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

As an employer taking affirmative action to ensure the removal of any possible discrimination and to help comply with governmental record-keeping requirements, we would appreciate your completing the form in this box. However, COMPLETION OF THIS BOX IS STRICTLY VOLUNTARY. This data will be kept in a confidential file, SEPARATE FROM YOUR PERSONNEL FILE.

Name: (Please Print)_____

Date:_____

- ☐ I am a protected veteran and choose to self-identify the classification below to which I belong.
- ☐ I am a protected veteran, but I choose not to self-identify the classification to which I belong.
- ☐ I am NOT a protected veteran.

PERSONAL TRAITS:

Check One: ☐ Male ☐ Female

Check One:
- ☐ White (Not Hispanic or Latino)
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ American Indian / Alaskan Native
- ☐ Two or more Races

Check If Applicable:
- ☐ Recently Separated Veteran
- ☐ Active Duty Wartime or Campaign Badge Veteran
- ☐ Disabled Veteran
- ☐ Armed Forces Service Medal Veteran

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____ Date: _____

Employee ID: _____
(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: _____

APPLICATION FOR EMPLOYMENT

FAIRFIELD ELECTRIC COOPERATIVE, INC.

Post Office Box 2500, Blythewood, SC 29016
803-754-0153

Date: _____

Note: Applicants applying for positions that require them to drive cooperative commercial vehicles must also fill out the D.O.T. Driver's Supplemental Application for Employment.

This application will be considered only for the vacant position for which you are applying. To be considered for other vacant positions, 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.

The Cooperative, in accordance with State and Federal laws, does not discriminate on the basis of race, color, creed, religion, gender identity, national origin, age, marital status, sexual orientation, military/veteran status, or any on-job-related disability or medical condition. The Cooperative is also required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ women, minorities, otherwise qualified disabled individuals, and protected veterans.

FAIRFIELD ELECTRIC COOPERATIVE IS AN EQUAL OPPORTUNITY EMPLOYER.

PLEASE PRINT

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

Address: _____ Telephone No.: _____
(Street)

_____
(City) (State) (Zip) Alternate No.: _____

Social Security Number _____/_____/_____

Do you have the legal right to work in the United States? _____ Yes / _____ No

How were you referred to the Cooperative? _____

Are you a relative, either by blood or marriage, of any employee or Trustee of the Cooperative? _____ Yes / _____ No

If yes, Relationship: _____

Have you ever applied for a job with the Cooperative? _____ Yes / _____ No

If yes, when? _____

Have you ever worked at the Cooperative before? _____ Yes / _____ No

If yes, when? _____

Are you at least eighteen years of age? _____ Yes / _____ No

Position for which you are applying (be specific): _____

Salary Expected: $_____ per _____

In what state or states do you possess a valid and current driver's license?

State: License No.: State: License No.:

State: License No.: State: License No.:

In what state or states have you ever possessed a driver's license?

State: License No.: State: License No.:

State: License No.: State: License No.:

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? _____ Yes / _____ No
(See attached sheet for a list of the essential functions of the job for which you are applying.)

If you are selected for employment, on what date can you start work? _____

List any training or special skills you have that are relevant to the position for which you are applying.

_____

_____

List your membership in any professional or technical organizations that are related to the job requirements of the position for which you are applying. (Exclude those that may disclose your race, color, gender, religion, national origin, age, disability, veteran status, or union affiliations.)

_____

_____

Are you available to work from 8 a.m. to 5 p.m., Monday through Friday? _____ Yes / _____ No

If not, what hours can you work? _____

Will you work overtime if asked? _____ Yes / _____ No

Are you willing to work after-hours call-out duty and on-call assignments? _____ Yes / _____ No

EDUCATION

	School Name	Address	No. of Years Attended	Diploma	Major
☐ High				☐ Yes ☐ No	
☐ College				**Degree**	
☐ Other					
☐ Courses now studying					

PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY

List special training or noteworthy achievements. Please attach your resume. Please do not include anything that would identify your race, color, gender, religion, national origin, age, disability, veteran status, or union affiliations.

CLERICAL AND ADMINISTRATIVE APPLICANTS ONLY

Place one check for knowledge. Place two checks for experience.

__Calculator
__A/R or A/P
__Customer Service
__Data Entry
__E-Mail
__Fax Machine
__Personal Computer
__Internet
__Microsoft Windows
__Microsoft Word
__Microsoft Excel
__Microsoft PowerPoint
__Microsoft Publisher
__Load Management
__Payroll System
__Proofreading
__Typing _____ wpm

TRADES, CRAFTS, AND TECHNICAL APPLICANTS ONLY

Place one check for knowledge. Place two checks for experience.

__Warehousing
__Computer inventory methods
__Lay out work orders
__Prepare word orders
__Basic Electricity
__Tree trimming
__Brush clearing
__Clearing machinery
__Material control
__Electric and gas welding
__Automotive maintenance
__Painting and bodywork on vehicles
__Electrical hand tools
__Radio communication and operation
__Pole inspection
__Load management systems
__Meter reading
__Collecting consumer accounts
__Handling consumer accounts
__Connecting and disconnecting meters
__Electrical mapping systems
__Load switching
__Substation construction
__Line construction
__Transformer banks
__Regulators, capacitators, breakers, and switches
__Underground experience, (primary and/or secondary)
__Hotline work, primary and secondary

Dates	Name and Address of Employer	Job Title and Brief Description of Duties	Salary	Exact Reason for Leaving
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
	Phone:			
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
	Phone:			
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
	Phone:			

Attach additional sheets if necessary.

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation Address Phone Number

_____

_____

_____

_____

IMPORTANT! READ THIS:

CERTIFICATION

I CERTIFY THAT ALL INFORMATION PROVIDED IN SUPPORT OF MY EMPLOYMENT WITH THE COOPERATIVE, INCLUDING BUT NOT LIMITED TO THIS APPLICATION, RESUMES, MEDICAL INFORMATION, AND INFORMATION PROVIDED BY ME DURING INTERVIEWS, IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF RELEVANT FACTS IN SEEKING EMPLOYMENT WILL RESULT IN MY DISQUALIFICATION FROM FURTHER CONSIDERATION OR MY DISMISSAL FROM EMPLOYMENT. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COOPERATIVE, AND I UNDERSTAND THAT 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 THAT NO PERSON IS AUTHORIZED TO MAKE ANY REPRESENTATION CONTRARY TO THE ABOVE STATEMENT UNLESS SUCH REPRESENTATION IS APPROVED BY THE BOARD OF TRUSTEES AND IS EMBODIED IN A WRITTEN AGREEMENT SIGNED BY THE PRESIDENT OR THE GENERAL MANAGER OF THE COOPERATIVE. I FURTHER UNDERSTAND THAT IF OFFERED EMPLOYMENT, I WILL BE REQUIRED TO TAKE A PHYSICAL EXAMINATION AND THAT SUCH EXAMINATION MAY INCLUDE BLOOD, BREATH, URINE, OR SALIVA TESTS TO DETERMINE THE PRESENCE OR USE OF ALCOHOL OR ILLEGAL CONTROLLED SUBSTANCES.

_____

Signature of Applicant

_____

Date

FOR EMPLOYER'S USE ONLY

Interviewed by: _____ Date: _____

Comments: _____

_____

_____

_____

EMPLOYMENT REFERENCE CHECK

Employer	Person Contacted	Date	Results

PERSONAL REFERENCE CHECK

Person	Date	Comments

ACTION

☐ No Action ☐ Interview - No Position Offered ☐ Position Offered:

Date: _____

Position: _____

Date Accepted: _____