



## APPLICATION FOR EMPLOYMENT

Baldwin EMC is an Equal Opportunity Employer and complies with all applicable state and federal laws.

### PERSONAL INFORMATION

(please print plainly)

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle

Present Address \_\_\_\_\_  
No.
Street
City
State
Zip

Social Security No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Are you of legal age to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

The cooperative has a nepotism policy which prohibits the employment of an applicant who is a close relative of a member of the Board of Trustees or an employee of the Cooperative. Are you related to a Trustee or Employee of the Cooperative? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who is (are) the person(s) and what is the degree of relationship? \_\_\_\_\_

### RECORD OF EDUCATION

School	Name and Location of School	Course of Study	Mark Last Year Completed				Did you graduate?	List Diploma or Degree
			5	6	7	8		
Elementary			5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	Yes <input type="checkbox"/>	
							No <input type="checkbox"/>	
High			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	Yes <input type="checkbox"/>	
							No <input type="checkbox"/>	
College			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	Yes <input type="checkbox"/>	
							No <input type="checkbox"/>	
Other (specify)			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	Yes <input type="checkbox"/>	
							No <input type="checkbox"/>	

### REFERENCES

(Do not list relatives or former employers)

Name	Address	Telephone No.
Name	Address	Telephone No.
Name	Address	Telephone No.

## WORK EXPERIENCES

(List below present and past employment, starting with the most recent employer. Use additional sheets if necessary.)

1. Name and Address of Present or Most Recent Employer	Telephone No.	
Immediate Supervisor (Name and Position)	Date Hired	Starting Rate
Job Title and Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Name and Address of Previous Employer	Telephone No.	
Immediate Supervisor (Name and Position)	Date Hired	Starting Rate
Job Title and Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Name and Address of Previous Employer	Telephone No.	
Immediate Supervisor (Name and Position)	Date Hired	Starting Rate
Job Title and Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Name and Address of Previous Employer	Telephone No.	
Immediate Supervisor (Name and Position)	Date Hired	Starting Rate
Job Title and Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## APPLICANT'S AGREEMENT AND CERTIFICATION

PLEASE READ THIS CAREFULLY: Your signature certifies that the answers given herein are true and correct, and it acknowledges your agreement to these conditions of employment.

This application will remain active for thirty (30) days, and I understand that to be further considered for employment after that time I must complete a new application form.

I understand that falsification or omission of any information on this form or in a personal interview may result in my termination whenever discovered by Baldwin EMC. I authorize Baldwin EMC to make such investigations of my employment, financial, medical and other histories as it deems necessary. I also authorize my past and present employers, schools, and all other persons to respond fully to any such inquiries from Baldwin EMC, and I release all such persons from any liability in responding to such inquiries. Baldwin EMC is hereby authorized to release to any employer with whom I seek future employment any information concerning my employment with Baldwin EMC or obtained by Baldwin EMC in connection with this application.

I understand that if I receive a conditional offer of employment, I may be required to pass a medical examination, including drug testing. If employed, I agree to abide by all rules, policies, and procedures of Baldwin EMC, as from time to time established or modified, including drug testing and substance abuse policies.

I understand that I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, driving record, credit history, and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check.

I understand that employment with Baldwin EMC is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

I understand and agree that, if employed, my employment is at-will, for no definite or permanent duration, and may be terminated by either me or Baldwin EMC at any time without notice or cause. I understand that no one has any authority to change these terms of my employment, or to make any inconsistent agreements with or promises to me, except in writing by the Chief Executive Officer of Baldwin EMC.

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

Signature: \_\_\_\_\_

# Baldwin EMC

## EEO/AA

### Pre-Offer Voluntary Self-Identification Information

#### Baldwin EMC is an EEO/Affirmative Action Employer

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran status and all other characteristics protected by law. We also comply with all applicable laws including E.O. 11245 and the Vietnam era Readjustment Assistance Act of 1974 governing employment practices and do not discriminate on the basis of any unlawful criteria. As a federal government contractor, we take affirmative action on behalf of protected veterans.

To be completed by the applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, which may apply, we invite you to complete this applicant data survey. Failure to provide information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of the official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position Applying for \_\_\_\_\_

Date \_\_\_\_\_

#### REFERRAL SOURCE

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Alabama Career Center | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Advertisement         | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Company Website       |                                       |

#### APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Business Phone/Cell Phone: \_\_\_\_\_

#### ETHNICITY / RACE CATEGORIES

**ETHNICITY / RACE:** (identify **one or more** race categories) (definitions on the back)

- |  |   |
|--|---|
| <input type="checkbox"/> Hispanic or Latino or identify a race listed below        |   |
| <input type="checkbox"/> White (not Hispanic or Latino)                            | <input type="checkbox"/> Black or African American (not Hispanic or Latino)               |
| <input type="checkbox"/> Asian (not Hispanic or Latino)                            | <input type="checkbox"/> Native Hawaii or Other Pacific Islander (not Hispanic or Latino) |
| <input type="checkbox"/> American Indian or Alaska native (not Hispanic or Latino) | <input type="checkbox"/> Two or more races (not Hispanic or Latino)                       |
| <input type="checkbox"/> Do not wish to identify                                   |   |

**GENDER CATEGORIES** Male Female Do Not Wish to Identify**PROTECTED VETERAN CATEGORIES** Disabled Veteran Recently Separated Veteran I am not a protected veteran Do not wish to identify Active Duty Wartime or Campaign Badge Veteran Armed Forces Services Medal veteran I am a protected veteran but do not want to identify the classification in which I belong.**DEFINITIONS****ETHNICITY/RACE CATEGORY DESCRIPTIONS:**

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

White (not Hispanic or Latino) includes a person having origins in any of the original peoples of Europe, North Africa, or the Middle East, or North American.

Black or African American (not Hispanic or Latino) includes a person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) includes a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) includes 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 Alaskan Native (not Hispanic or Latino) includes a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) includes a person who identifies with more than one of the above races.

**PROTECTED VETERAN CATEGORY DESCRIPTIONS:**

A disabled veteran includes any veteran of the U.S. military, ground, naval or air service who: (a) 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 Veteran Affairs, or (b) was discharged or released from active duty because of service-connected disability.

Active Duty :wartime or Campaign Badge Veteran includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.

Recently Separated Veteran includes 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 includes 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.

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

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

Continued on back

# 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>1</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.