

Application for Employment

Diverse Power
P.O. Box 160
1400 South Davis Road
LaGrange, GA 30241

Diverse Power
P.O. Box 289
373 Hwy. 82 East
Cuthbert, GA 39840

Date of Application _____

It is the practice of Diverse Power 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 Diverse Power to afford equal employment opportunity to all individuals. Our policies and practices will be free from unlawful discrimination based upon race, color, ethnicity, religion, creed, sex (including pregnancy, childbirth or related medical conditions), national origin, immigration status, ancestry, age, marital status, protected veteran status, military service, disability, medical condition, genetic information, sexual orientation, gender identity, or any basis prohibited under federal, state or local law.

1. Position Information

Position applying for: _____

Have you ever applied for a job with Diverse Power? Yes No

If "Yes", please give the dates of application and positions for which you applied _____

State your name at the time, if different from the present name _____

Date available: _____

Have you previously been employed with Diverse Power? Yes No

If "Yes", what was your date of separation? _____

2. General Information

Name _____
Last First Middle

Address _____ Home Telephone Number _____
Business Telephone Number _____

If hired, can you furnish proof that you are eligible to work in the United States? Yes No
(If unsure of the documentation need to prove eligibility to work in the United States, we will explain the legal requirements.)

If "No", please explain: _____

Do you have a valid driver's license (Applicable only if position for which you are applying includes operation of a motor vehicle as one of the job duties)? Yes No During the past 7 years, have you ever been denied a drivers license or convicted Of a moving traffic offense, including but not limited to: driving while intoxicated or reckless driving? Yes No If "Yes", please explain: _____

Are you related by "blood" or marriage to the immediate family of any present Diverse Power employee, director, or alternate director, or the immediate family of a director of an Electric Membership Cooperation? Yes No

Name: _____ Relationship: _____

Do you have any commitments to another employer that might affect your employment with our company? Yes No

If "Yes", please explain: _____

If hired, will you be able to work during the normal hours and days required for the position for which you are applying?

Yes No If "No", please explain: _____

3. Military Service

Do you have any experience from your military service that would be relevant to the job for which you are applying? Yes No

If "Yes", please explain: _____

4. Education and Training

High School	Name _____	College	Name _____
	Address _____		Address _____
	Did you graduate? _____		Degree _____
			Major _____
	Minor _____		Minor _____
Correspondence Or Trade School	Name _____	Graduate School	Name _____
	Address _____		Address _____
	Degree _____		Degree _____
	Major _____		Major _____
	Minor _____		Minor _____

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

If applying for a clerical position, list any office machines which you can operate proficiently: _____

Average typing speed _____ WPM

Average shorthand speed _____ WPM

5. Employment History (Begin with the most recent)

Company Name _____	Employed from _____ To _____
Address _____	Position Title _____
Phone _____	Duties _____
Supervisor _____	Salary Range or Hourly Rate \$ _____
	Reason for Leaving _____
Company Name _____	Employed from _____ To _____
Address _____	Position Title _____
Phone _____	Duties _____
Supervisor _____	Salary Range or Hourly Rate \$ _____
	Reason for Leaving _____

Company Name _____ Address _____ Phone _____ Supervisor _____	Employed from _____ To _____ Position Title _____ Duties _____ _____ _____ Salary Range or Hourly Rate \$ _____ Reason for Leaving _____
Company Name _____ Address _____ Phone _____ Supervisor _____	Employed from _____ To _____ Position Title _____ Duties _____ _____ _____ Salary Range or Hourly Rate \$ _____ Reason for Leaving _____

6. Personal References

Name _____ Address _____ _____ Home Phone Number _____ Business Phone Number _____ Years Known _____
Name _____ Address _____ _____ Home Phone Number _____ Business Phone Number _____ Years Known _____

Name _____
Address _____

Home Phone Number _____
Business Phone Number _____
Years Known _____

7. Additional Comments

8. To Be Read and Signed by Applicant

I hereby authorize Diverse Power go investigate all statements contained in this application. If I provide information that is false, Inaccurate, or incomplete, that is grounds for rejecting my application, or if I am hired, grounds for my separation from the Company.

I understand that passing a physical examination by the Diverse Power physician is required to determine physical fitness as related to job requirements before being employed by Diverse Power. The corporate physician is hereby authorized to discuss the result of the medical examination, as it relates to work activities, with the appropriate Diverse Power personnel. I certify, as a condition of my employment, that all information given on this application is correct, and that I will comply with all the rules and regulations 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 my 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.

I understand that my employment is conditional also upon the results of the 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 prescription drug will cause my being refused employment or dismissed if the results of the test are received after my initial employment date.

Signature _____ Date _____

To Be Completed by Hiring Manager and President/CEO

____ Hire

Position Title _____

Department _____

Salary Grade _____

Base Salary Offered \$ _____ Compa-Ratio _____

Justification _____

Date of Offer of Employment _____

____ Reject

Hiring Supervisor / Manager _____

Date _____

Disposition

____ Employment Offered and Accepted Start Date _____

____ Employment Offered and Declined Justification _____

President/CEO _____

Date _____



Applicant Voluntary Self-Identification Form

[Company] does not discriminate against qualified applicants based upon any protected group status, including but not limited to race, color, creed, religion, sex (except where it is a bona fide occupational qualification), national origin, ancestry, age, marital status, protected veteran status, sexual orientation, genetic information, physical or mental disability or medical condition as defined by applicable equal opportunity laws.

To help [Company] comply with federal/state equal employment opportunity record keeping, reporting and other legal requirements, we would appreciate your voluntarily answering the questions listed below. You are NOT required to answer them. Refusal to provide the requested information will not result in adverse treatment. Your answers will not affect the consideration of your job-related qualifications. The information you provide on this form will be kept in a confidential file separate from your application for employment.

Last Name: _____

First Name: _____

Middle Initial: _____

Date: _____

Gender: Please place a check next to the appropriate category.

☐ MALE

☐ FEMALE

☐ I decline to self-identify for gender.

Race/Ethnicity: Please check one.

☐ Hispanic or Latino

☐ White (Not Hispanic or Latino)

☐ Black or African American (Not Hispanic or Latino)

☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

☐ Asian (Not Hispanic or Latino)

☐ American Indian or Alaska Native (Not Hispanic or Latino)

___ Two or More Races (Not Hispanic or Latino)

___ I decline to self-identify for Race/Ethnicity.

Protected Veterans

1. 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: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A **"disabled veteran"** is one of the following:

- 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.

A **"recently separated veteran"** means 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.

An **"active duty wartime or campaign badge veteran"** means 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.

An **"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 pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

☐ I AM NOT A PROTECTED VETERAN

☐ I DECLINE TO SELF-IDENTIFY FOR PROTECTED VETERAN STATUS

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

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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.

¹ 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.