

GENERAL DATA (con't.)

YES NO (circle one)	Are you related by marriage or in any other way, no matter how remotely to any PSREC/PST employee? If so, state name of employee and relationship to you:
YES NO (circle one)	Are you related by marriage or in any other way, no matter how remotely to a member of management or director of PSREC/PST? If so, state name and relation to you:
YES NO (circle one)	Have you ever been fired from a job or asked to resign? If yes, please explain
/ /	How soon after acceptance can you start work? Mm/dd/yy

EDUCATION (Indicate all schools that you have attended)

	High School	Vocational/Technical	College	Graduate School
School Name City, State				
Last Yr completed (circle one)	9 10 11 12	13 14	13 14 15 16	17 18 19 20
Was a Diploma/Degree earned? YES NO (circle one)	<ul style="list-style-type: none"> • Diploma • GED (circle one)	<ul style="list-style-type: none"> • Associate • Technical • Other _____ (circle one)	<ul style="list-style-type: none"> • Associate • Bachelors • Other _____ (circle one)	<ul style="list-style-type: none"> • Masters • Other _____ (circle one)
If you did not graduate, how many hours of instruction did you complete?				
If so what was your major course of study?				
Other Post High School Courses completed				

SPECIAL SKILLS OR ABILITIES

Can you type? YES NO (circle one)	
List any type of computer programs, which you have experience.	

List any type of office machinery you have operated:	
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List any machinery or equipment you have operated:	
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List any other skills or abilities you have that pertain to this position:	
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ACTIVITIES

Technical, Scientific, or Honorary Societies:

EMPLOYMENT RECORD

List names of employers in consecutive order with present or last employer listed first for the last 10 years of employment. Account for all periods of time including military service and any periods of unemployment (which may be explained in the comment section (located on the next page). If you are self-employed, give your company name. List other companies you conduct business with as business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

Present or Most Current Employer	Telephone	Summarize the type of work performed and job responsibilities
Address, City, State, Zip		
Job Title		
Dates of Employment From	/ / To	
Reason for Leaving		
Immediate Supervisor Name and Title		

Employer	Telephone	Summarize the type of work performed and job responsibilities
Address, City, State, Zip		
Job Title		
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Dates of Employment From	/ /		To	/ /
Reason for Leaving				
Immediate Supervisor Name and Title				

COMMENTS (including explanation of any gaps in employment)

APPLICANT STATEMENT

- The facts set forth in my application are true and complete and I authorize investigation as to my skills, experience, character, criminal background, training to perform specific job functions, and verification of the information contained herein.
- I understand that management, temporary, seasonal, intern, contract and all other employees not covered by contract between Plumas Sierra Rural Electric Cooperative and IBEW Local 1245 can be terminated, with or without cause, at the sole discretion of Plumas-Sierra Rural Electric Cooperative. Probationary employees, as defined in the Plumas-Sierra Rural Electric Cooperative/ IBEW contract, may be terminated with or without cause at the sole discretion of Plumas-Sierra Rural Electric Cooperative. The terms and conditions for employment between Plumas-Sierra Rural Electric Cooperative and employees who are non-probationary, and working in positions covered by the agreement between IBEW Local 1245 and Plumas-Sierra Rural Electric Cooperative, are set forth in said contract.
- I understand that neither this Application for Employment, nor any other statement of policy constitutes a contract of employment for any specific duration, nor any other contract, expressed or implied. I understand that no employee or agent of PSREC or PST, other than the General Manager is authorized to enter into a contract of employment for any specified duration, or any other contract of employment expressed or implied.
- I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organization to provide relevant information and opinions that may be useful in making a hiring decision. *I hereby release PSREC, PST, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.*
- I understand that any offer of employment made to me by Plumas-Sierra Rural Electric Cooperative or Plumas-Sierra Telecommunications is contingent upon my ability to pass a job-related medical examination and a drug test. I understand that a positive finding of illegal drug use, a negative background check, or negative reference from current or former employer could result in denial of employment.
- I understand that, if employed, false statements on the application shall be considered sufficient cause for dismissal, whether discovered at the time this application is filed, or anytime thereafter.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement and that it is true and correct.

Name: _____
Please sign your name
Date

Invitation to Self-Identify

Plumas-Sierra is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. We are therefore requesting information about race and gender in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Submission of this information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with Federal affirmative action regulations.

Name: _____ Date: _____

Position: _____

MALE FEMALE I CHOOSE NOT TO SELF-IDENTIFY

WHITE (not Hispanic or Latino) BLACK or AFRICAN AMERICAN (not Hispanic or Latino)

HISPANIC OR LATINO ASIAN (not Hispanic or Latino)

AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino)

NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino)

TWO or MORE RACES (not Hispanic or Latino)

I CHOOSE NOT TO SELF-IDENTIFY

This company is also 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 veterans in the following classifications:

- 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](#).

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

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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.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
OMB Control Number 1250-0005
Expires 1/31/2020
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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.