




**Beltrami Electric
Cooperative Inc.**

® Your Touchstone Energy® Cooperative 

4111 Technology DR NW
PO Box 488
Bemidji, MN 56619-0488
218-444-2540 800-955-6083
www.beltramielectric.com

EMPLOYMENT APPLICATION

Date _____

Personal Information

Name _____

Address _____

Telephone _____ Cell _____

Email _____

Position applied for _____

How did you learn of this vacancy? _____

 _____ Date available _____

Are you legally eligible for employment in the United States? _____

I understand that upon employment, proof of legal right to work in the United States and completion of I-9 form will be required.

Do you have a valid driver's license? _____

Do you have a valid Commercial Driver's License (CDL)? _____

Are you able to perform the essential functions of this position? _____

If no, what accommodation is needed? _____

Have you previously been employed by Beltrami Electric Cooperative? _____

Do you have any relatives on the Board of Directors? _____ If yes, name? _____

Do you have any relatives employed at Beltrami Electric? _____ If yes, name? _____

Beltrami Electric Cooperative, Inc. places great emphasis on member service, teamwork, problem solving, and innovation. We look for people who exemplify these qualities and are willing to work hard for our membership. Beltrami Electric Cooperative, Inc. is an equal opportunity employer and recruits, advertises, employs, promotes, transfers, disciplines, and discharges without regard to race, color, religion, national origin, age, sex, marital status, ancestry, physical or mental disability, or veteran status.

Education and Training

Name and address of school

High _____

Graduate? _____ Diploma? _____

College _____

Graduate? _____ Degree _____

Other _____

Graduate? _____ Degree _____

Other _____

Graduate? _____ Degree _____

Other _____

Graduate? _____ Degree _____

Professional certifications and licenses:

Computer skills and software programs:

Other skills or experience pertinent to the job applied for:

Employment History

Current employer _____

Address _____

Employed from _____ To _____

Your position _____

Duties _____

May we contact? _____

List your last three employers with the most recent first.

Previous employer _____

Address _____

Phone _____

Employed from _____ To _____

Your position _____

Duties _____

Reason for leaving? _____

Supervisor name _____

Previous employer _____

Address _____

Phone _____

Employed from _____ To _____

Your position _____

Duties _____

Reason for leaving? _____

Supervisor name _____

Previous employer _____

Address _____

Phone _____

Employed from _____ To _____

Your position _____

Duties _____

Reason for leaving? _____

Supervisor name _____

Professional References (Please list only references that we may contact at this time)

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Affidavit (Please read carefully)

Nonbinding Application and Interview Process: I understand that this application will be reviewed, but nothing in this application or any other documents or in the employment evaluation process shall be construed as either an offer or contract of employment or an obligation on the part of Beltrami Electric Cooperative, Inc., to provide any benefit to me.

Employment-At-Will: 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 either Beltrami Electric Cooperative, Inc. or myself.

I hereby declare that my statements on this application and on my resume or documents provided by me to Beltrami Electric Cooperative, Inc., are true and correct to the best of my knowledge. I acknowledge and agree that providing any false information may result in a decision not to hire me, or if hired, may result in the termination of my employment. I also authorize investigation of these statements. This investigation may include employment history, reasons for leaving previous employers, criminal record, credit record, driving record, social security number investigation, and degree/certificate verification. I hereby release Beltrami Electric Cooperative, Inc. from all liability for any damages resulting from the information obtained. This application shall be considered active for a period of one year.

Applicant signature _____ Date _____

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.



Applicant Voluntary Self-Identification Form

An Equal Opportunity Employer: Beltrami Electric Cooperative is subject to Executive Order 11246, as amended. We are committed to providing equal employment opportunity in all aspects of employment – including recruitment, hiring, transfer, promotion, compensation, benefits, training and educational assistance – to all employees without regard to race, creed, color, national origin, religion sex, age, genetic testing, handicap, Vietnam era or disabled veteran status. We are therefore requesting information about the race and sex of our applicants in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information provided will only be used in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, and Executive Order 11246, as amended. ***This information will be maintained separately from your application for employment.***

NAME _____ DATE: _____

POSITION APPLIED FOR: _____

GENDER: Male Female

RACE OR ETHNIC IDENTITY: (Check only one)

- 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.

Voluntary Self-Identification of Veterans

Definitions

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.

Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

I am not a veteran. (I did not serve in the military.)

I belong to the following classifications of protected veterans (Choose all that apply):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

Military Discharge Date (MM/DD/YYYY):

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

I choose not to identify my veteran status.

Your Name / Z#

Today's Date

Voluntary Self-Identification of Veterans

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and 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 the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.