



APPLICATION FOR EMPLOYMENT

2810 Elida Drive, Grand Rapids, MN 55744

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. All portions of this application pertaining to you must be completed. We appreciate the time you spend filling in this application form.

Lake Country Power, in accordance with state and federal laws, is committed to providing equal employment opportunity to all applicants and employees regardless of their race, color, creed, religion, national origin, age, disability, military service, protected veteran status, gender, pregnancy, genetic information, gender identity, transgender status, public assistance status, membership or activity in a local commission, marital status, sexual orientation, or any other characteristic protected by federal, state or local law. We are strongly committed to this policy and believe in the concept and spirit of the law.

LAKE COUNTRY POWER IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.

PLEASE PRINT IN INK

GENERAL			
Position Applied For		Date of Application / /	
Last Name	First Name	MI	
Address	City	State	Zip
Telephone Number () -	Alternative Number () -	Email Address	
Are you eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you over the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How did you hear about the opening? Newspaper <input type="checkbox"/> MN Workforce Center <input type="checkbox"/> Current Employee <input type="checkbox"/> Other:			
Have you ever applied for a job with Lake Country Power? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give dates: / /			
Have you ever worked for Lake Country Power? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give dates: / /			
In what states do you possess a valid and current driver's license? State License No. CDL Yes <input type="checkbox"/> No <input type="checkbox"/>			
In what states have you ever possessed a driver's license? State License No.			
Can you with or without reasonable accommodation perform the essential functions of this job? (See job description for essential functions of the job for which you are applying) Yes <input type="checkbox"/> No <input type="checkbox"/>			
If selected, when can you start? / /			
List any training or special skills you have that are relevant to the position for which you are applying: _____ _____ _____			
Apart from absence for religious observation, are you available to work an 8 hour shift between the hours of 8 am to 4:30 pm, Monday through Friday? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, what hours can you work?			
Are you willing to work after hours call-out duty and on-call assignments? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you able to work overtime if asked? Yes <input type="checkbox"/> No <input type="checkbox"/>			

EDUCATION			
High school (name and address)			
Years Completed	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>		
College or Vocational (name and address)			
Years Completed	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma/Degree	
Graduate (name and address)			
Years Completed	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma/Degree	
Other education experience			
<hr/> <hr/> <hr/>			
Please list any scholastic honors:			
<hr/> <hr/>			
Describe any specialized training, apprenticeships, licenses, noteworthy achievements, or skills:			
<hr/> <hr/> <hr/>			
EMPLOYMENT RECORD			
1. Name of employer		Dates of employment (MO/YR)	
Address		From / To /	State Zip
City		Job Title and Duties	
Telephone () -	Supervisor	Pay Start: \$ Final: \$	May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Name of employer		Dates of employment (MO/YR)	
Address		From / To /	State Zip
City		Job Title and Duties	
Telephone () -	Supervisor	Pay Start: \$ Final: \$	May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Name of employer		Dates of employment (MO/YR)	
Address		From / To /	State Zip
City		Job Title and Duties	
Telephone () -	Supervisor	Pay Start: \$ Final: \$	May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>

Attach additional sheets if necessary.

PERSONAL REFERENCES			
Exclude relatives or former employers.			
1. Name	Occupation	Telephone () -	
Address	City	State	Zip
2. Name	Occupation	Telephone () -	
Address	City	State	Zip
3. Name	Occupation	Telephone () -	
Address	City	State	Zip

Please read carefully

I certify that the facts contained in this application are true and complete. I understand that falsified statements on this application shall be considered cause for discharge.

I understand that any offer of employment made by Lake Country Power is contingent upon the satisfactory results of a pre-employment medical physical, drug screen and criminal background investigation.

I agree to conform to the rules, regulations, and policies of the Cooperative and acknowledge that these rules, regulations, policies, and any other terms or conditions, including benefits, may be changed by the Cooperative at any time and without prior notice to me. I further acknowledge that my employment may be terminated, with or without prior notice, at any time, at the will of the Cooperative or me, with or without cause.

No representative or employee of the Cooperative, with the exception of the General Manager, has the authority to enter into any contract or agreement to the contrary, and then only if such commitment is in a written document signed by the General Manager and the employee.

This application will be maintained in the Cooperative's active files for three months or until the position is filled.

I understand that if I am hired into a job classification covered by a collective bargaining agreement (labor contract), and if there is any inconsistency between the terms of this application form and the labor contract, the terms of the labor contract shall prevail.

I acknowledge that I have read and understand these terms.

Signature of Applicant

Date

Voluntary Self-Identification Survey Form Applicant – Affirmative Action Employer

TO ALL APPLICANTS:

Lake Country Power is an Affirmative Action/Equal Employment Employer and as such, we are required to collect and maintain information related to applicants in order to meet governmental recordkeeping and reporting requirements and to monitor the effectiveness of our outreach, recruitment and other employment practices.

At this time, we are asking you to help us meet our obligations by providing the information listed on the following pages. Please note that the information will be used only in accordance with the provisions of applicable laws, executive orders, and regulations. **Providing this information is voluntary and refusal to so will not result in any adverse treatment. The information you provide will be held in strict confidence except that:**

- 1) Necessary management and supervisory personnel may be informed to ensure proper placement and to provide reasonable job accommodations;
- 2) First aid and safety personnel may be informed to the extent appropriate, if the condition might require emergency treatment; and
- 3) Government officials investigating affirmative action program compliance may have access to reported information.

Thank you for your cooperation in this important initiative.

“Lake Country Power abides by the requirements of federal laws which prohibit discrimination of individuals with the following legally protected status: race, color, religion, sex, sexual orientation, gender identity, national origin, disability and protected veterans. Lake Country Power also abides by affirmative action requirements to employ and advance in employment qualified individuals without regard to race and sex (per Executive Order 11246), disability (per 41CFR 60-741.5(a), and protected veteran status (per 41CFR 60-300.5(a).

PART I. General Information

Name: _____

Position Applied for: _____ Date: _____

PART II: Referral Source: Please indicate how you heard about this opening

- Company website Job board Newspaper Temp agency Search firm
 Educational institution Walk-in Employee referral College Recruiting
 Professional Association State employment agency Other _____

PART III. Gender, Ethnicity and Race Information:

Gender

CHECK ONE:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I choose not to disclose this information
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Ethnicity

CHECK ONE:	<input type="checkbox"/> Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race) <input type="checkbox"/> Not Hispanic or Latino (if not Hispanic or Latino, please address race below) <input type="checkbox"/> I choose not to disclose this information
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Race

CHECK ONE: (do not respond if you selected Hispanic or Latino above)	<input type="checkbox"/> White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa <input type="checkbox"/> 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 <input type="checkbox"/> Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above five races <input type="checkbox"/> I choose not to disclose this information
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Please continue to next page to identify veteran status.

PART IV. Protected Veterans

The definitions of protected veterans are listed below. Use the boxes following the definitions to indicate whether you are a protected veteran

Disabled Veteran	<p>A “disabled veteran” is one of the following:</p> <p>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</p> <p>A person who was discharged or released from active duty because of a service-connected disability.</p>
Recently Separated Veteran	<p>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.</p>
Active Duty Wartime or Campaign Badge Veteran	<p>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.</p>
Armed Forces Service Medal Veteran	<p>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.</p>

CHECK ONE:	<input type="checkbox"/> I am a Protected Veteran <input type="checkbox"/> I am not a Protected Veteran <input type="checkbox"/> I choose not to disclose the information
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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.