



47077 276th St  
Lennox, SD 57039

## APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, national origin, disability or veteran status.

(PLEASE PRINT)

Date of Application: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Did you receive a copy of the job description for the position you are applying for?  Yes  No

Name (Last, First, Middle): \_\_\_\_\_

Address (Number, Street, City State and Zip Code): \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No

(Proof of citizenship or immigration status will be required upon employment.)

How were you referred to us? \_\_\_\_\_

Have you ever filed an application with us before?  Yes  No

If yes, when? \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If yes, when? \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

In what state or states do you possess a valid current driver's license? \_\_\_\_\_

In what state or states have you ever possessed a driver's license? \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying?  Yes  No

(See attached job description for a list of essential functions of the job for which you are applying.)

Are you currently employed?  Yes  No

If yes, may we contact your present employer?  Yes  No

On what date would you be available for work? \_\_\_\_\_

## PERSONAL REFERENCES

Give name, occupation, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Apart from absence for religious observation, are you available to work from 8:00 a.m. to 4:30 p.m. Monday through Friday?  Yes  No

If no, what hours can you work? \_\_\_\_\_

Will you work overtime if asked?  Yes  No

Are you willing to work after hours call-out duty and on-call assignments?  Yes  No

Have you ever been convicted of a felony?  Yes  No  
*(Convictions will not necessarily disqualify an applicant from employment.)*

If yes, give details: \_\_\_\_\_

Have you ever been convicted of a power (electricity) theft or power diversion?  Yes  No

If yes, give details: \_\_\_\_\_

## EDUCATION

	High School	Undergraduate College/University	Graduate Professional
School Name and Location			
Years Completed	1 2 3 4	1 2 3 4	1 2 3 4
Diploma, Degree or Major			

*(On the next three items, please exclude those that may disclose your race, creed, color, religion, sex, national origin, ancestry, age, disability, veteran status, union affiliation, or any other protected category.)*

Describe any specialized training, apprenticeship, skills and extra-curricular activities. \_\_\_\_\_

Describe any honors you have received. \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application. \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present job or most recent job. Include any job-related military service assignments and volunteer activities.  
(You may exclude organizations that indicate race, color, religion, national origin, age, ancestry, or handicap or other protected status.)

(1)	
Employer: _____	
Address: _____	
Telephone Number(s): _____	
Dates Employed: From _____ To _____	Hourly Rate/Salary: Starting _____ Final _____
Job Title: _____	Supervisor: _____
Work Performed: _____	
Reason for Leaving: _____	

(2)	
Employer: _____	
Address: _____	
Telephone Number(s): _____	
Dates Employed: From _____ To _____	Hourly Rate/Salary: Starting _____ Final _____
Job Title: _____	Supervisor: _____
Work Performed: _____	
Reason for Leaving: _____	

(3)	
Employer: _____	
Address: _____	
Telephone Number(s): _____	
Dates Employed: From _____ To _____	Hourly Rate/Salary: Starting _____ Final _____
Job Title: _____	Supervisor: _____
Work Performed: _____	
Reason for Leaving: _____	

(4)

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

*If you need additional space, please continue on a separate sheet of paper.*

**Special Skills and Qualifications.** Summarize special job-related skills and qualifications acquired from employment or other experience, which would be or are related to the position you are applying for,

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### APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

**I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.**

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Southeastern Electric Cooperative, Inc.

Voluntary Self-Identification of Race, Ethnicity and Gender

Southeastern Electric Cooperative, Inc. (hereinafter "the Cooperative") is subject to certain federal governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Cooperative invites applicants/employees to voluntarily self-identify their race, ethnicity and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported annually to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

ETHNICITY

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

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RACE

- 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 maintains tribal affiliation or community attachment.
- 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.
- 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 original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (not Hispanic or Latino)*** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races (not Hispanic or Latino)*** - All persons who identify with more than one of the above five races.

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GENDER

- Male
- Female

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Applicant's/Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Note: If an employee declines to self-identify, employment records or observer identification may be used.

## Southeastern Electric Cooperative, Inc.

### “Pre-Offer” Invitation to Self-Identify as a Protected Veteran

Southeastern Electric Cooperative, Inc. 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.

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**

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 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.

Southeastern Electric Cooperative, Inc. shall not discriminate against protected veterans and shall take affirmative action to employ and advance in employment qualified protected veterans at all levels of employment, including the executive level. Furthermore, Southeastern Electric Cooperative, Inc. will recruit, hire, train and promote persons in all job titles, and ensure that all other personnel actions are administered without regard to protected veteran status and will ensure that all employment decisions are based only on valid job requirements.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 04/30/2026

Name:  
Employee ID:

Date:

(if applicable)

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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).

### How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

### Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past  
No, I do not have a disability and have not had one in the past  
I do not want to answer

**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.

### For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire: