

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
\$	What is the lowest starting salary you will accept?
/ /	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	
Wage Rate	Start	End		
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				
Dates of Employment From	/	/	To	
Wage Rate	Start	End		
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				
Dates of Employment From	/	/	To	
Wage Rate	Start	End		
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						
Dates of Employment From		/ /	To	/ /		
Wage Rate	Start	End				
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

EEO/AFFIRMATIVE ACTION DATA FORM

Completion of this form is voluntary

Plumas-Sierra Rural Electric Cooperative and Plumas-Sierra Telecommunications is committed to the principles of equal employment opportunity. All employment decisions are based on individual qualifications and/or legitimate business considerations, without regard to race, color, religion, nation origin, sex, age, disability, genetic information, veteran status, or any other status protected by law. PSREC & PST are required by the federal government to obtain the gender and race/ethnicity of employees/applicants. The information will be used for the purposes of compliance with governmental requirements. This information will not be used in hiring, placement or any other decision relating to terms and conditions of employment. Refusal to provide this information will not result in any adverse action.

INVITATION TO SELF-IDENTIFY

Please mark the one box that describes your gender:

GENDER Male Female

ETHNIC ORIGIN

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees/applicants to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the Federal Government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the Federal Government.

Please mark the one box that describes the race/ethnicity category with which you primarily identify:

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

White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American: A person having origins in any of the black racial groups of Africa.

Asian: 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.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

American Indian or Alaskan Native: 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.

Two or More Races: A person who primarily identifies with two or more of the above race/ethnicity categories.

Decline to Self-Identify

DISABILITY

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. Your answer will not be used against you in any way.

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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular Dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing or partially missing limbs
- Obsessive compulsive disorder
- Post-traumatic stress disorder (PTSD)
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

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

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 including 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.

VETERAN STATUS

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. 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/applicants 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.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- DISABLED VETERAN
- RECENTLY SEPARATED VETERAN
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- ARMED FORCES SERVICE MEDAL VETERAN

- _____
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
 - I am NOT a protected veteran.

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.

3. 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.

4. 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.

5. It is the policy of this employer to provide equal opportunity to all qualified disabled Vietnam Era and other veterans who are employees or applicants for employment. Positive action shall be taken to ensure the fulfillment of this policy in areas such as:

- Hiring, placement, upgrading, transfer or demotion
- Recruitment, advertising or solicitation for employment
- Treatment during employment
- Rates of pay or other forms of compensation
- Selection for training
- Layoff or termination

This policy is consistent with the requirements and objectives set forth by the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended. The objective of this policy is to obtain individuals who are qualified for the position by virtue of job-related standards of education, training, experience, and personal qualifications.

Signature _____ Date _____