

WIDE OPEN UTILITY SERVICE, LLC.

411 Ring Road
Elizabethtown, KY 42701-8701

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

This application must be completed in your own handwriting. It will be considered active and retained on file for a period of one (1) year. Wide Open Utility Service, in accordance with State and Federal laws, does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or protected veteran status. Wide Open Utility Service also is required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ females, minorities, individuals with disabilities and protected veterans.

PLEASE PRINT

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Alternate Number _____

E-mail Address: _____

How were you referred to Wide Open Utility Service? _____

Are you related, by blood or by marriage, to any existing employee of Wide Open Utility Service, Nolin RECC or to a present member of the Nolin RECC Board of Directors? () Yes () No

If yes, state name and relationship. _____

Are you a U.S. Citizen or a Permanent Resident Alien? () Yes () No

If not, what is your immigration status? _____

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

Have you ever applied for a job or worked at Wide Open Utility Service before? () Yes () No

If yes, what position? _____

Position for which you are applying (be specific) _____

Salary Expected _____ per _____

Is there any reason you are unable to work overtime? () Yes () No

WIDE OPEN UTILITY SERVICE, LLC

Are you available for after-hours assignments? () Yes () No

Are you at least eighteen years of age? () Yes () No

Have you ever been convicted of a felony? _____

If yes, give details, including jurisdiction (state and county) where such conviction occurred. _____

In what state or states do you possess/have you ever possessed a valid and current driver's license? ____

Is there any reason that you could not perform the responsibilities of the position as described in the job description? _____ If yes, please explain: _____

Is there any reason that would prevent you from being at work during regular hours of work? _____

If yes, please explain. _____

If your application is considered favorably, on what date can you start work? _____

List any friends or acquaintances presently working for Wide Open Utility Service or Nolin RECC. _____

EDUCATION

SCHOOL NAME

ADDRESS

**NO. OF YEARS
ATTENDED**

DEGREE

MAJOR

High School _____

Technical College _____

Other _____
(Include courses now studying)

WIDE OPEN UTILITY SERVICE, LLC.

CLERICAL/SECRETARIAL/ADMINISTRATIVE

Check all for which you have experience.

- | | |
|---|--|
| <input type="checkbox"/> Word processor | <input type="checkbox"/> Load management payroll |
| <input type="checkbox"/> Switchboard | <input type="checkbox"/> Personal computer |
| <input type="checkbox"/> Data process entry | <input type="checkbox"/> Calculating |
| <input type="checkbox"/> Proofreading | <input type="checkbox"/> Working with consumer |
| <input type="checkbox"/> Accounts receivable, payable, or payroll | |

TRADES/CRAFTS/TECHNICAL

Check all for which you have experience.

- | | |
|--|--|
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Pole inspection |
| <input type="checkbox"/> Computer inventory methods | <input type="checkbox"/> Load management systems |
| <input type="checkbox"/> Lay out service orders | <input type="checkbox"/> Meter reading |
| <input type="checkbox"/> Prepare service orders | <input type="checkbox"/> Collecting consumer accounts |
| <input type="checkbox"/> Basic electricity | <input type="checkbox"/> Handling consumer accounts |
| <input type="checkbox"/> Tree trimming | <input type="checkbox"/> Connecting and disconnecting meters |
| <input type="checkbox"/> Brush clearing | <input type="checkbox"/> Electrical mapping systems |
| <input type="checkbox"/> Clearing machinery | <input type="checkbox"/> Load switching |
| <input type="checkbox"/> Material control | <input type="checkbox"/> Substation construction |
| <input type="checkbox"/> Perpetual inventory | <input type="checkbox"/> Line construction |
| <input type="checkbox"/> Automotive maintenance | <input type="checkbox"/> Transformer banks |
| <input type="checkbox"/> Painting and bodywork on vehicles | <input type="checkbox"/> Regulators, capacitors, breakers and switches |
| <input type="checkbox"/> Electrical hand tools | <input type="checkbox"/> Hotline work, primary and secondary |
| <input type="checkbox"/> Electrical safety | <input type="checkbox"/> Underground experience (primary and/or secondary) |
| <input type="checkbox"/> Radio communication and operation | |

List special training or noteworthy achievements and attach your resume.

List your membership in any professional or civic organizations (exclude those which may disclose your race, color, religion, national origin, or union affiliations).

WIDE OPEN UTILITY SERVICE, LLC

EMPLOYMENT RECORD (List most recent employer first)

Name and address of employer _____

Telephone number _____ Dates of employment _____

Job title and brief description of duties. _____

Supervisor name _____ Salary range _____

May we contact them? _____

Reason for leaving _____

Name and address of employer _____

Telephone number _____ Dates of employment _____

Job title and brief description of duties. _____

Supervisor name _____ Salary range _____

May we contact them? _____

Reason for leaving _____

Name and address of employer _____

Telephone number _____ Dates of employment _____

Job title and brief description of duties. _____

Supervisor name _____ Salary range _____

May we contact them? _____

Reason for leaving _____

WIDE OPEN UTILITY SERVICE, LLC

PERSONAL REFERENCES (Not former employers or relatives)

Name and address _____

Telephone number _____ Occupation _____

Name and address _____

Telephone number _____ Occupation _____

Name and address _____

Telephone number _____ Occupation _____

CERTIFICATION

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with Wide Open Utility Service policy. I agree to confirm to the rules and regulations of Wide Open Utility Service, and 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 Wide Open Utility Service or myself. I further understand that no person is authorized to make representation contrary to the above statement unless such representation is in writing and approved by Wide Open Utility Service management.

Date

Signature of Applicant

AUTHORIZATION

I authorize persons, schools, current employer (if applicable), previous employers and organizations, named in this application to provide Wide Open Utility Service with any relevant information that may be required to arrive at an employment decision, and I authorize Wide Open Utility Service to request and receive such information. Further, I release Wide Open Utility Service and any other person or organization providing information to Wide Open Utility Service from all liability for any damage that may result from furnishing such information.

A copy of this release may be accepted in lieu of the original.

Date

Signature of Applicant

WIDE OPEN UTILITY SERVICE, LLC

CONSENT TO BACKGROUND INVESTIGATION & LIABILITY RELEASE

To Whom It May Concern:

As an applicant for employment with Wide Open Utility Service, LLC, I understand that a thorough background investigation will be conducted to qualify me for eligibility.

I hereby authorize the custodian of any information related to my previous employment, driving record, education, residence, criminal convictions, credit standing, or character, to release said information to authorized persons of Wide Open Utility Service, LLC, unless restricted by law. This authorization is made voluntarily, for the purpose of employment only. Upon receipt of this document, please release information directly to the categories requested, and to which you have direct knowledge or documented evidence. I agree to hold harmless any individual or agency involved with the authorized release of such information. Thank you for your cooperation.

Authorized by: (Please print) _____
Applicant's Full Name

Current Address City, State, Zip

Phone Social Security Number Date of Birth

Applicant Signature Date

Wide Open Utility Service, LLC
Company Requesting Information Authorized Signature/Title



A Touchstone Energy® Cooperative



Addendum

Consent to Background Investigation and Liability Release

To Whom It May Concern:

Nolin RECC conducts all pre-employment processes on behalf of Wide Open Utility Service, LLC. This addendum is to make you aware that Nolin RECC personnel will be completing your Background Investigation in the event Wide Open Utility Service were to make an offer of employment.

I, _____, give authorization for Nolin RECC to conduct a Background Investigation on behalf of Wide Open Utility Service. I agree to hold harmless any individual or agency involved in the authorized release of such information.

Authorized by: (Please Print) _____

Applicant's Full Name

Signature

Date

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish 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: _____



Voluntary Self Identification Form

Gender, Ethnicity, Race, Disabled and Protected Veteran Status

Wide Open Utility Service is an equal opportunity employer and in accordance with State and Federal laws, does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or protected veteran status. *Wide Open Utility Service* also is required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ females, minorities, individuals with disabilities and protected veterans. In order to fulfill our reporting obligations, we request your voluntary completion of the information below. Failure to complete this form will have no bearing on the processing or status of your application and will in no way impact your consideration for employment with *Wide Open Utility Service*. The information will not be maintained with your application, or if hired, your personnel file.

Name:	CITIZENSHIP Are you a United States Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have citizenship in any other country? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
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Ethnicity
☐ **Hispanic/Latino** A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race
☐ **Not Hispanic/Latino**

RACE	Race Identification
White (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of Europe, the Middle East, or North America
Black or African American (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the Black racial groups of Africa
Native-Hawaiian or other Pacific Islander (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
Asian (not Hispanic or Latino)	<input type="checkbox"/> 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 Viet Nam.
American Indian or Alaska Native (not Hispanic or Latino)	<input type="checkbox"/> 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 (not Hispanic or Latino)	<input type="checkbox"/> All persons who identify with more than one of the above five races.

VETERAN STATUS
 Using the definitions as stated in following attachment, please check the box of boxes below to identify yourself in as many protected veterans categories as apply.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Disabled Veteran
<input type="checkbox"/> YES <input type="checkbox"/> NO	Recently Separated Veteran
<input type="checkbox"/> YES <input type="checkbox"/> NO	Active Duty Wartime or Campaign Badge Veteran
<input type="checkbox"/> YES <input type="checkbox"/> NO	Armed Forces Service Medal Veteran

Non-Participation: I have read the above statement and I have chosen not to complete this form. Please check box if applicable. ☐

Signature

Date

Wide Open Utility Service, LLC

Disabled and Veteran Self-Identification Information/Definitions

Wide Open Utility Service is a federal contractor subject to Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans Readjustment Act of 1974 (VEVRAA), as amended. Section 503 prohibits job discrimination because of disability by employers holding federal contracts or subcontracts and requires such employers to take affirmative action to employ and advance in employment qualified individuals with disabilities who, with or without reasonable accommodation, can perform the essential functions of a job. VEVRAA requires government contractors to take affirmative action to employ and advance in employment protected veterans.

If you have a disability or are a protected veteran and would like to participate in our affirmative action program, please complete the form provided or contact your local HR/EEO Representative. Our affirmative action program contains policies and procedures that assure compliance with our Section 503 and VEVRAA obligations. You may inform us of your desire to benefit under the affirmative action program now or at any time in the future. **Your completion of the self-identification form is completely voluntary.**

This employer also is subject to the Americans with Disabilities Act (ADA). Consistent with the ADA, this employer's policy is to provide reasonable accommodations to any individual with a disability who needs such an accommodation to complete the job application process or to perform the job in question. If you need such an accommodation, you may request it at any time by contacting your local HR/EEO Representative or your supervisor. Making a request for an accommodation will not subject you to any adverse treatment.

Disclosure of your status as an individual with a disability or protected veteran is voluntary. Choosing not to provide this information will not subject you to any adverse treatment. Information you submit concerning your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work duties of individuals with disabilities or special disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) Government officials engaged in enforcing the Rehabilitation Act, VEVRAA, or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are consistent with Section 503 of the Rehabilitation Act, VEVRAA, and the ADA.

Definitions:

Disabled Veteran means (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.

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.

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.

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 (61Fed Reg 1209).