



APPLICATION FOR EMPLOYMENT

NOLIN RURAL ELECTRIC COOPERATIVE CORPORATION
411 Ring Road
Elizabethtown, KY 42701-8701

An Equal Opportunity Employer

This application will be considered active and retained on file for a period of one (1) year. Nolin Rural Electric Cooperative Corporation, in accordance with State and Federal laws, does not discriminate on the basis of race, color, disability, religion, age, sex, sexual orientation, gender identity, citizenship, marital status, veteran status, or national origin. The Cooperative also is required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ individuals with disabilities and protected veterans.

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Are you a US Citizen or a Permanent Resident Alien? ☐ Yes ☐ No If not, what is your immigration status? _____

Do you have a legal right to work in the United States? ☐ Yes ☐ No Are you at least 18 years of age? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No State _____ License # _____ Expires _____

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, give details, including state and county where conviction occurred. _____

Are you related, by blood or marriage, to any existing employee of Nolin RECC or a Nolin RECC Director? ☐ Yes ☐ No

If yes, state name and relationship. _____

List any friends or acquaintances presently working for Nolin RECC. _____

POSITION DESIRED

Position Applied for _____

How were you referred to Nolin RECC? _____

Salary Expected: \$ _____ per _____ Date Available to Start: _____

Are you able to perform the essential functions of the position as described in the job description? ☐ Yes ☐ No

If no, please explain: _____

Have you ever been employed by Nolin RECC or another electric cooperative? ☐ Yes ☐ No

If yes, indicate position, department and dates: _____

Are you able to work overtime? ☐ Yes ☐ No

Are you available for after-hours assignments? ☐ Yes ☐ No

EDUCATION and TRAINING

Indicate last level of education completed.

High School ☐ 1 ☐ 2 ☐ 3 ☐ 4 College/University ☐ 1 ☐ 2 ☐ 3 ☐ 4 Graduate School ☐ 1 ☐ 2 ☐ 3 ☐ 4

Type of Education	Name and Location (City, State)	Years Attended	Field of Study	Degree Earned

Skills/Qualifications (Check all for which you have experience):

- ☐ Word Processor
- ☐ Tree trimming
- ☐ Radio communication/operation
- ☐ Data process entry
- ☐ Brush clearing
- ☐ Electrical mapping systems
- ☐ Proofreading
- ☐ Clearing machinery
- ☐ Load management systems
- ☐ Calculating
- ☐ Equipment/machinery
- ☐ Load Switching
- ☐ Personal computer
- ☐ Automotive maintenance
- ☐ Line locating
- ☐ Accounts Receivable/Payable
- ☐ Painting/bodywork on vehicles
- ☐ Substation construction
- ☐ Payroll
- ☐ Basic electricity
- ☐ Line construction
- ☐ Working with consumers
- ☐ Electrical hand tools
- ☐ Transformer Banks
- ☐ Collecting Consumer Accounts
- ☐ Electrical safety
- ☐ Regulators and capacitors
- ☐ Handling Consumer Accounts
- ☐ Meter reading
- ☐ Breakers and switches
- ☐ Warehousing
- ☐ Connecting/Disconnecting Meters
- ☐ Hotline work (primary & secondary)
- ☐ Computer inventory methods
- ☐ Pole inspection
- ☐ Underground (primary & secondary)
- ☐ Material inventory
- ☐ Prepare service orders
- ☐ Other (please list) _____

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 affiliation). _____

EMPLOYMENT HISTORY

List your last three employers with the most recent first.

Company _____ Phone _____
Address _____ Supervisor _____
Job Title _____ Dates Employed (From) _____ (To) _____
Reason for leaving _____
May we contact your supervisor for a reference? ☐Yes ☐No

Company _____ Phone _____
Address _____ Supervisor _____
Job Title _____ Dates Employed (From) _____ (To) _____
Reason for leaving _____
May we contact your supervisor for a reference? ☐Yes ☐No

Company _____ Phone _____
Address _____ Supervisor _____
Job Title _____ Dates Employed (From) _____ (To) _____
Reason for leaving _____
May we contact your supervisor for a reference? ☐Yes ☐No

PERSONAL REFERENCES

Please list three personal references. (Not former employers or relatives)

Name _____ Occupation _____
Address _____ Phone _____

Name _____ Occupation _____
Address _____ Phone _____

Name _____ Occupation _____
Address _____ Phone _____

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 Cooperative policy. I agree to confirm to the rules and regulations of the Cooperative 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 the Cooperative 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 the Board of Directors.

Signature of Applicant _____ Date _____

AUTHORIZATION

I authorize persons, schools, current employer (if applicable), previous employers and organizations, named in this application to provide Nolin RECC with any relevant information that may be required to arrive at an employment decision, and I authorize Nolin RECC to request and receive such information. Further, I release Nolin RECC and any other person or organization providing information to Nolin RECC 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.

Signature of Applicant _____ Date _____



BACKGROUND CHECK

NOLIN RURAL ELECTRIC COOPERATIVE

411 Ring Road

Elizabethtown, KY 42701-8701

CONSENT TO BACKGROUND INVESTIGATION & LIABILITY RELEASE

As an applicant for employment with Nolin Rural Electric Cooperative Corporation, 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 Nolin Rural Electric Cooperative Corporation, 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.

Authorized by (please print)

Applicant's Full Name _____

Current Address _____

City _____ State _____ Zip _____

Phone _____

Social Security Number _____ Date of Birth _____

Signature of Applicant _____ Date _____

Company Requesting Information Nolin Rural Electric Cooperative Corporation

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.

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:



Voluntary Self Identification Form Disabled and Protected Veteran Status

Nolin RECC is an equal opportunity employer and in accordance with State and Federal laws, does not discriminate on the basis of race, color, disability, religion, age, sex, sexual orientation, gender identity, citizenship, marital status, veteran status, or national origin. The Cooperative also is required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ 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 *Nolin RECC*. 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

VETERAN STATUS

Using the definitions as stated below, check the box or 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	Active Duty Wartime or Campaign Badge Veteran
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Recently Separated 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

Disabled and Veteran Self-Identification Information/Definitions

Nolin RECC 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).