



Gibson Electric Membership Corporation

® Your Touchstone Energy® Cooperative 

1207 S. College • P.O.Box47 • Trenton, TN 38382

APPLICATION FOR EMPLOYMENT

Date: _____

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. The following information is requested in order to help us make the best possible placement within the Cooperative. All portions of this application pertaining to you must be completed. We appreciate the time you spend in completing this application form.

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

Note: Applicants applying for positions that require them to drive Cooperative commercial motor vehicles must also fill out the Driver's Supplemental Application for Employment.

GIBSON ELECTRIC MEMBERSHIP CORPORATION IS AN EQUAL OPPORTUNITY EMPLOYER.

PLEASE PRINT

Name: _____ (Last) (First) (Middle)

Address: _____ (Street) (City) (State) (Zip)

Primary Phone No: _____ Alternative Phone No: _____

E-Mail Address: _____

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

How were you referred to the Cooperative? _____

Are you a relative, either by blood or marriage, of any employee or trustee of Gibson EMC or Gibson Connect? Yes No

Have you ever applied for a job with the Cooperative? If yes, when? _____ Yes No

Have you ever worked at the Cooperative before? If yes, when? _____ Yes No

Are you at least eighteen years of age? Yes No

Position for which you are applying (be specific): _____

Salary Expected: \$ _____ per _____

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

State: _____ License No.: _____

State: _____ License No.: _____

State: _____ License No.: _____

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

State: _____ License No.: _____

State: _____ License No.: _____

State: _____ License No.: _____

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? *(See position description for essential functions of job.)* Yes No

Apart from absence for religious observation, are you available to work from 8 a.m. to 5 p.m., Monday through Friday? Yes No

If not, 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

If you are selected for employment, on what date can you start work? _____

Have you ever been convicted of a felony? Yes No

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

(Criminal convictions are not an absolute bar to employment. They will only be considered in relation to specific job requirements. All relevant factors (nature of the offense, when it occurred, nature of the job) will be considered before a decision is made.)

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

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

EDUCATION

School Name	Address	No. of Years Attended	Degree	Major
High:				
College:				
Other:				
Courses now studying:				

CLERICAL, SECRETARIAL, AND MEMBER CARE APPLICANTS ONLY

Place one check for knowledge. Place two checks for experience.

- | | | |
|--|---|---|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Microsoft Outlook | <input type="checkbox"/> Cash Register/Drawer |
| <input type="checkbox"/> Computer Printer | <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Cash Handling/Balancing Payroll |
| <input type="checkbox"/> Copy Machine | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Two-Way Radio |
| <input type="checkbox"/> 10-Key Calculator | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Collections on consumer accounts |
| <input type="checkbox"/> Keyboarding | <input type="checkbox"/> Multi-Line Telephone | |

TRADES, CRAFTS, AND TECHNICAL APPLICANTS ONLY

Place one check for knowledge. Place two checks for experience.

- | | |
|--|---|
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Radio communication and operation |
| <input type="checkbox"/> Computer inventory methods | <input type="checkbox"/> Load management systems |
| <input type="checkbox"/> Prepare work orders | <input type="checkbox"/> Meter reading |
| <input type="checkbox"/> Basic electricity | <input type="checkbox"/> Addressing consumer concerns |
| <input type="checkbox"/> Tree trimming | <input type="checkbox"/> Connecting and disconnecting meters |
| <input type="checkbox"/> Brush clearing | <input type="checkbox"/> Electronic mapping systems |
| <input type="checkbox"/> Material control | <input type="checkbox"/> Load switching |
| <input type="checkbox"/> Perpetual inventory | <input type="checkbox"/> Substation construction |
| <input type="checkbox"/> Automotive maintenance | <input type="checkbox"/> Line construction |
| <input type="checkbox"/> Electric and gas welding | <input type="checkbox"/> Transformer banks |
| <input type="checkbox"/> Hotline work, primary and secondary | <input type="checkbox"/> Regulators, capacitors, breakers and switches |
| <input type="checkbox"/> Electrical hand tools | <input type="checkbox"/> Underground experience, (primary and/or secondary) |
| <input type="checkbox"/> Electrical safety | |
| <input type="checkbox"/> Pole inspection | |

PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY

List special training or noteworthy achievements. Please also attach your resume.

ALL APPLICANTS

List any training or special skills you have that are relevant to the position for which you are applying.

List your membership in any professional or technical organizations that are related to the job requirements of the position for which you are applying. (Exclude those that may disclose your race, color, religion, sex (including pregnancy), sexual orientation, gender identity, age, national origin, disability, veteran status, political beliefs or union affiliations).

EMPLOYMENT RECORD (Most recent employer first)

Dates	Name and Address of Employer	Job Title and Brief Description of Duties	Salary	Exact Reason for Leaving
From:			From:	
To:			To:	May we contact them?
	Phone:	Supervisor:		
From:			From:	
To:			To:	May we contact them?
	Phone:	Supervisor:		
From:			From:	
To:			To:	May we contact them?
	Phone:	Supervisor:		

Attach additional sheets if necessary.

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

IMPORTANT! READ THIS:

CERTIFICATION

I CERTIFY THAT ALL INFORMATION PROVIDED IN SUPPORT OF MY EMPLOYMENT WITH THE COOPERATIVE, INCLUDING BUT NOT LIMITED TO THIS APPLICATION, RESUMES, AND INFORMATION PROVIDED BY ME DURING INTERVIEWS, IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF RELEVANT FACTS IN SEEKING EMPLOYMENT WILL RESULT IN MY DISQUALIFICATION FROM FURTHER CONSIDERATION OR MY DISMISSAL FROM EMPLOYMENT REGARDLESS OF WHEN IT IS DISCOVERED. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COOPERATIVE, AND I 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 ANY REPRESENTATION CONTRARY TO THE ABOVE STATEMENT UNLESS SUCH REPRESENTATION IS APPROVED BY THE BOARD OF DIRECTORS AND IS EMBODIED IN A WRITTEN AGREEMENT SIGNED BY THE CHAIRMAN OR THE PRESIDENT AND CEO OF THE COOPERATIVE. I FURTHER UNDERSTAND THAT IF OFFERED EMPLOYMENT, I WILL BE REQUIRED TO TAKE A PHYSICAL EXAMINATION AND THAT SUCH EXAMINATION WILL INCLUDE BLOOD, BREATH, URINE, OR SALIVA TESTS TO DETERMINE THE PRESENCE OR USE OF ALCOHOL OR ILLEGAL CONTROLLED SUBSTANCES.

Signature of Applicant

Date

Gibson Electric Membership Corporation

Voluntary Self-Identification of Race, Ethnicity and Gender

Gibson Electric Membership Corporation (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.
-

GENDER

- Male
- Female
-

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.

Voluntary Self-Identification of Disability

Form CC-305
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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:

Gibson Electric Membership Corporation

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

Gibson Electric Membership Corporation 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.

Gibson Electric Membership Corporation 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, Gibson Electric Membership Corporation 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