



**Gibson Electric  
Membership Corporation**

® Your Touchstone Energy® Cooperative 

## JOB POSTING NOTICE

Gibson EMC has an **Apprentice/First Class Lineworker** position open for our **Hickman** Member Service Center at 1702 Moscow Avenue, Hickman, KY.

A complete Position Description can be found at [www.Gibsonemc.com](http://www.Gibsonemc.com).

Qualified applicants must:

- Have a high school diploma or the equivalent;
- Be able to obtain a valid Class A Commercial Drivers' License after hire;
- Live within or be willing to relocate to live within 20 statute miles or 20 minutes, whichever is less, of the Member Service Center to which he/she will report; and
- Be able to perform the essential functions of the applicable position description.

To be considered as a qualified First Class Lineworker, the applicant must have successfully completed Apprentice Lineworker training and 54 months of on-the-job electric utility training.

For the Apprentice Lineworker position, it is preferred but not required for the applicant to have earned the following National Career Readiness Certificate levels:

- Level 5 or Gold - Applied Mathematics
- Level 4 or Silver - Locating Information
- Level 4 or Silver - Reading for Information

If you meet the qualifications and would like to be considered for this position, visit [Gibsonemc.com](http://Gibsonemc.com) "Careers" for the necessary forms.

Completed forms should be submitted by either

- 1) emailing to [applications@gibsonemc.com](mailto:applications@gibsonemc.com);
- 2) faxing to 731-562-0006,
- 3) mailing to Gibson EMC, ATTN: Human Resources, P.O. Box 47, Trenton, TN 38382, or
- 4) dropping off at your local Gibson EMC member service center.

**Applications must be received by June 25, 2019.**

Gibson Electric Membership Corporation is an equal opportunity employer and 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.

# GIBSON ELECTRIC MEMBERSHIP CORPORATION

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## APPRENTICE LINEWORKER

**EEO Group:** Craft Workers

**Overtime Status:** Non-Exempt

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**Division:** Engineering and Operations  
**Reports To:** Line Crewleader or Service Crewleader

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**Position Summary:** To safely, efficiently, and properly construct, operate and maintain overhead and underground distribution and transmission lines and facilities

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### Essential Duties:

1. Follows all safety rules and work procedures
  2. Safely, efficiently and properly constructs, operates and maintains energized and de-energized overhead and underground distribution and transmission lines and facilities
  3. Makes connections properly on distribution transformers, meter loops, and primary circuits
  4. Responds to outages quickly and sectionalizes to keep the outage area to a minimum
  5. Consults with Crewleader to determine the best methods to utilize in the completion of assigned activities
  6. Assures equipment and tools are clean and in safe working order
  7. Checks voltage and determines proper operation of ordinary equipment
  8. Trouble-shoots system problems as needed and directed, including voltage complaints, blinking lights, radio noise, excessive breaker operations and load balance
  9. Resolves member complaints as quickly as possible and whenever possible to the member-owner's satisfaction. If resolution extends beyond established authority, involves Crewleader
  10. Completes all required paperwork (including time sheets, mileage sheets, truck reports, staking sheets, meter sets, material sheets, material requisition forms, and accident reports) properly and timely
  11. Attends all safety meetings. Participates in training to stay abreast of all safety rules and regulations, best practices for distribution line construction, operation, and maintenance
  12. Makes recommendations to direct supervisor regarding process improvement and problem resolution when independent action would exceed scope of authority
  13. Complies with Gibson EMC's policies prohibiting harassment and discrimination and immediately reports possible violations to VP of HR and Member Services
  14. Complies with Gibson EMC's Drug-Free Workplace policy and immediately reports possible violations to division VP and VP of HR and Member Services
  15. Complies with all policies, safety rules and procedures; and immediately reports possible violations to division VP and VP of HR and Member Services
  16. Assists with annual meeting as needed
  17. Promotes electricity and member participation in all Cooperative programs
  18. Performs other duties as assigned
- 

### Equipment Requirements (must be able to effectively use):

Cooperative vehicles (including pick-up truck, bucket truck, digger-derrick truck, and forklift), trailers, four-wheeler, radio, personal computer, printer, copy machine, facsimile machine, hand tools and telephone

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### Software Requirements (must be able to effectively use):

General Accounting Information System, Customer Information System, e-mail, mapping, word processing

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## **Apprentice Lineworker continued**

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### **Education Degrees, Certificates, Licenses, and/or Training:**

#### *Required:*

- Courses in basic electricity and/or progress toward the completion of an approved apprentice lineman training program
- High School Diploma or equivalent
- Valid Class A Commercial Driver License
- Valid CPR/First-Aid Certificate

#### *Preferred:*

- Successful completion of courses in Algebra I, Algebra II and Trigonometry
  - NCRC: Level 5/Gold in Applied Mathematics; Level 4/Silver in Locating Information; Level 4/Silver in Reading for Information
- 

### **Experience, Knowledge, Skills and Abilities:**

#### *Required:*

- Ability to learn and adhere to all safety-related and construction-related rules, specifications, codes and regulations
- Ability to safely climb poles and perform work at heights up to 80 feet
- Ability to effectively and courteously communicate in person, by radio and by telephone
- Ability to effectively and professionally communicate in writing
- Ability to maintain professionalism and effectively perform in stressful situations
- Ability to effectively resolve non-routine problems
- Ability to effectively and professionally perform multiple tasks simultaneously
- Ability to meet deadlines under pressure
- Ability to read and comprehend; and write
- Ability to perform functions used in basic and complex math
- Ability to interpret maps and/or staking sheets
- Knowledge of and ability to administer CPR

#### *Preferred:*

- Four to five years of apprentice lineworker experience in an electric utility
  - Knowledge of safe and productive practices and procedures for line construction and maintenance
  - Knowledge of materials and equipment used in electric utility distribution
  - Knowledge of APPA Safety Manual, RUS construction specifications, the National Electric Safety Code, the National Electric Code, Federal Motor Carrier Safety regulations, and OSHA regulations
  - Knowledge of the Cooperative's service area, feeds, and points of switching
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### **Physical Requirements (must be able to):**

Distinguish colors; exhibit visual depth perception; extend neck to look above, down and side to side; reach overhead, forward and to the side; extend back; use both hands and fingers, grip, and twist wrist; bend/ stoop; squat/crouch; twist; work on hands and knees; sit and stand for long periods of time; walk long distances and on uneven terrain; maintain arm-hand steadiness; climb a pole; lift and carry weights of up to 50 pounds for 20 feet; and push and pull weights up to 150 pounds

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### **Working Conditions (must be able to):**

- Work eight hours per day, five days per week (except when assigned to construction crew schedule which requires four 10-hour days per week)
- Work the on-call rotation as needed, including weekends, nights and holidays
- Respond immediately to 24-four hour call-out and work overtime as needed, including weekends, nights, and holidays

## **Apprentice Lineworker continued**

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- Work outside in inclement weather, including temperature extremes
  - Work with daily exposure to noisy equipment
  - Work with daily exposure to hazards, including electrical, mechanical, insects, spiders, snakes, dogs, and other animals
  - Drive throughout the Cooperative's service area
  - Travel (including overnight and outside Gibson EMC service area)
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### **Important:**

This position description is not intended to be all-inclusive; other duties may be required as assigned. Gibson EMC reserves the right to revise this position description as needed. This position description does not constitute a written or implied contract of employment.

**Revised:** April 12, 2007; December 10, 2008; September 7, 2012; September 4, 2014; February 15, 2017; August 2017, February 12, 2018

# GIBSON ELECTRIC MEMBERSHIP CORPORATION

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## FIRST CLASS LINEWORKER

**EEO Group:** Craft Workers

**Overtime Status:** Non-Exempt

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**Division:** Engineering and Operations  
**Reports To:** Line Crewleader or Service Crewleader

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**Position Summary:** To safely, efficiently, and properly construct, operate and maintain overhead and underground distribution and transmission lines and facilities

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### Essential Duties:

1. Follows all safety rules and procedures
  2. Safely, efficiently and properly constructs, operates and maintains energized and de-energized overhead and underground distribution and transmission lines
  3. Makes connections properly on distribution transformers, meter loops and primary circuits
  4. Responds to outages quickly and sectionalizes to keep the outage area to a minimum
  5. Assists the Crewleader in the oversight of Apprentice Lineworkers to assure that they perform their work properly and safely
  6. Consults with Crewleader to determine the best methods to utilize in completion of assigned activities
  7. Assures equipment and tools are clean and in safe working order
  8. Checks voltage and determines proper operation of ordinary equipment
  9. Trouble-shoots system problems as needed and directed, including voltage complaints, blinking lights, radio noise, excessive breaker operations and load balance
  10. Serves as Crew Leader in the absence of supervisor, as assigned
  11. Follows and interprets maps, specification and staking sheets
  12. Trims trees and clears right-of-way, when directed
  13. Constructs and troubleshoots transformer banks
  14. Performs switching at substations as directed
  15. Assists with inventorying; accounts for materials
  16. Resolves member complaints as quickly as possible and whenever possible to the customer-owner's satisfaction. If resolution extends beyond established authority, involves Crewleader
  17. Completes all required paperwork (including time sheets, mileage sheets, truck reports, staking sheets, meter sets, material sheets, material requisition forms, and accident reports) properly and timely
  18. Attends all safety meetings. Participates in training to stay abreast of all safety rules and regulations, best practices for distribution line construction, operation, and maintenance
  19. Makes recommendations to direct supervisor regarding process improvement and problem resolution when independent action would exceed scope of authority
  20. Complies with Gibson EMC's policies prohibiting harassment and discrimination and immediately reports possible violations to VP of HR and Member Services
  21. Complies with Gibson EMC's Drug-Free Workplace policy and immediately reports possible violations to division VP and VP of HR and Member Services
  22. Complies with all policies, safety rules and procedures; and immediately reports possible violations to division VP and VP of HR and Member Services
  23. Assists with annual meeting as needed
  24. Promotes electricity and member participation in all Cooperative programs
  25. Performs other duties as assigned
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## **First Class Lineworker continued**

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### **Equipment Requirements** (must be able to effectively use):

Cooperative vehicles (including pick-up truck, bucket truck, digger-derrick truck, and forklift), trailers, four-wheeler, radio, personal computer, printer, copy machine, facsimile machine, hand tools and telephone

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### **Software Requirements** (must be able to effectively use):

Customer Information System, General Accounting Information System, e-mail, mapping, word processing

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### **Education Degrees, Certificates, Licenses, and/or Training:**

#### *Required:*

- High School Diploma or equivalent
- Completion of approved apprentice lineman training program
- Valid Class A Commercial Drivers License
- Valid CPR/First-Aid Certificate

#### *Preferred:*

- Successful completion of Algebra I, Algebra II, and Trigonometry
  - Courses in basic electricity
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### **Experience, Knowledge, Skills and Abilities:**

#### *Required:*

- Four to five years of experience as a distribution lineworker in the electric utility
- Ability to climb poles and safely perform work at heights up to 80 feet
- Knowledge of safe and productive practices and procedures for line construction and maintenance
- Knowledge of materials and equipment used in electric utility distribution
- Knowledge of APPA Safety Manual, RUS construction specifications, the National Electric Safety Code, the National Electric Code, Department of Transportation regulations, and OSHA regulations
- Knowledge of and ability to administer CPR/First-Aid
- Ability to learn and adhere to all safety-related and construction-related rules, specifications, codes and regulations; and to successfully complete on-going and related technical courses
- Ability to interpret maps and/or staking sheets
- Ability to effectively and courteously communicate in person, by radio and by telephone
- Ability to effectively and professionally communicate in writing
- Ability to maintain professionalism and effectively perform in stressful situations
- Ability to effectively resolve non-routine problems
- Ability to effectively and professionally perform multiple tasks simultaneously
- Ability to meet deadlines under pressure
- Ability to read and comprehend
- Ability to perform functions used in basic and complex math

#### *Preferred:*

- Six to seven years of lineworker experience in an electric utility
  - Experience in member contact position
  - Knowledge of the Cooperative's service area, feeds, and points of switching
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## **First Class Lineworker continued**

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### **Physical Requirements** (must be able to):

Distinguish colors; exhibit visual depth perception; extend neck to look above, down and side to side; reach overhead, forward and to the side; extend back; use both hands and fingers, grip, and twist wrist; bend/ stoop; squat/crouch; twist; work on hands and knees; sit and stand for long periods of time; walk long distances and on uneven terrain; maintain arm-hand steadiness; climb a pole; lift and carry weights of up to 50 pounds for 20 feet; and push and pull weights up to 150 pounds

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### **Working Conditions** (must be able to):

- Work eight hours per day, five days per week (except when assigned to construction crew schedule which requires four 10-hour days per week)
  - Work the on-call rotation as needed, including weekends, nights and holidays
  - Respond immediately to 24-four hour call-out and work overtime as needed, including weekends, nights, and holidays
  - Work outside in inclement weather, including temperature extremes
  - Work with daily exposure to moderately and very noisy equipment such as power tools
  - Work with daily exposure to hazards, including electrical, mechanical, insects, spiders, snakes, dogs, and other animals
  - Drive throughout the Cooperative's service area
  - Travel (including overnight and outside Gibson EMC service area)
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### **Important:**

This position description is not intended to be all-inclusive; other duties may be required as assigned. Gibson EMC reserves the right to revise this position description as needed. This position description does not constitute a written or implied contract of employment.

**Revised:** April 12, 2007; December 10, 2008; September 4, 2014; February 15, 2017; August 2017; February 12, 2018



**Gibson Electric  
Membership Corporation**

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1207 S. College • P.O. Box 47 • Trenton, TN 38382

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

**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.**

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, religion, sex, sexual orientation, gender identity, age, national origin, disability or veteran status.**

**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.)*

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          |
| <input type="checkbox"/> Copy Machine      | <input type="checkbox"/> Microsoft Word       | <input type="checkbox"/> Payroll                          |
| <input type="checkbox"/> 10-Key Calculator | <input type="checkbox"/> Customer Service     | <input type="checkbox"/> Two-Way Radio                    |
| <input type="checkbox"/> Keyboarding       | <input type="checkbox"/> Multi-Line Telephone | <input type="checkbox"/> Collections on consumer accounts |

**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.

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**ALL APPLICANTS**

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

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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).

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**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:   To:			From:   To:	
		Supervisor:		May we contact them?
	Phone:			
From:   To:			From:   To:	
		Supervisor:		May we contact them?
	Phone:			
From:   To:			From:   To:	
		Supervisor:		May we contact them?
	Phone:			
From:   To:			From:   To:	
		Supervisor:		May we contact them?
	Phone:			

**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. 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**

® Your Touchstone Energy® Cooperative 

1207 S. College • P.O. Box 47 • Trenton, TN 38382

**DRIVER'S SUPPLEMENTAL APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_

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.

**GIBSON ELECTRIC MEMBERSHIP CORPORATION IS AN EQUAL OPPORTUNITY EMPLOYER.**

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**TO BE COMPLETED BY APPLICANT**

(answer all questions – please print or type)

Position(s) Applied For \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

(Information received in response to the request for your date of birth will not be used to discriminate on the basis of age against any applicant for employment or employee. Such information is requested to comply with the requirements of 49 C.F.R. § 391.21(b)(2).)

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

Can you perform the essential functions of the job for which you have applied as described in the attached job description?  Yes  No

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**List your addresses of residency for the past three years.**

Current Address

\_\_\_\_\_  
Street City  
\_\_\_\_\_  
State Zip Code How Long? \_\_\_\_\_  
yr./mo.

Previous  
Addresses

\_\_\_\_\_  
Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.

\_\_\_\_\_  
Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.

\_\_\_\_\_  
Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.

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## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional seven years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add additional sheets as necessary.)

EMPLOYER	DATE			
NAME	FROM	TO	MO.	YR.
ADDRESS	MO.	YR.	MO.	YR.
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER			
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER	DATE			
NAME	FROM	TO	MO.	YR.
ADDRESS	MO.	YR.	MO.	YR.
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER			
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER	DATE			
NAME	FROM	TO	MO.	YR.
ADDRESS	MO.	YR.	MO.	YR.
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER			
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER			
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER			
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

\*Includes: vehicles having a gross combination weight rating of 26,001 lbs. or more inclusive of a towed unit with a GVWR of more than 10,000 lbs.; vehicles having a GVWR of 26,001 lbs. or more; vehicles designed to transport 16 or more passengers, including the driver; OR any size vehicle used in the transportation of hazardous materials as defined in 49 C.F.R. Part 383.

<sup>†</sup>The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST THREE YEARS. IF NONE, WRITE NONE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES (OTHER THAN PARKING VIOLATIONS) FOR THE PAST THREE YEARS, IF NONE, WRITE NONE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

LOCATION	DATE	CHARGE	PENALTY

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST THREE YEARS

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE	

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No
- B. Has any license, permit or privilege ever been suspended or revoked?  Yes  No

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRIVING EXPERIENCE (CHECK YES OR NO)**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR-TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR-THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH-SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 7 passengers	-----			
MOTORCOACH-SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 15 passengers	-----			
OTHER				

**TO BE READ AND SIGNED BY APPLICANT**

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 C.F.R. §§ 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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

**DRIVER’S CERTIFICATION**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTE: Pursuant to 49 C.F.R. § 391.21(c), an employer may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.



## 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

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

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

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> 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. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I 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:

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

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

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

### 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 include 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.

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<sup>i</sup> 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](http://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.

# 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.
- 

### 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.