

Voluntary Invitation to Applicants to Self-Identify

Rayle Electric Membership Corporation, Inc. is an Equal Opportunity/Affirmative Action employer, and as a federal contractor, we are required to take affirmative action to employ and advance females, minorities, and protected veterans. To comply with these laws, we invite you to voluntarily self-identify your race/ethnicity, gender, and protected veteran status. Please complete the information below and return as instructed. Submission of this information is voluntary and will not, in any way, subject you to any adverse treatment. Responses will be kept confidential and will not be used in a manner that is inconsistent with any law. To assist us in monitoring the effectiveness of our recruitment efforts, indicate how you were referred to our EMC. Please identify advertisement, website, agency or individual.

HOW DID YOU LEARN OF THE JOB OPENING?	<input type="checkbox"/> State Employment Office <input type="checkbox"/> Company Website <input type="checkbox"/> Other Website: Specify <input type="checkbox"/> Other Advertisement: Specify <input type="checkbox"/> Employee Referral
GENDER:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I choose not to disclose
ETHNICITY:	<input type="checkbox"/> Hispanic or Latino - all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. <input type="checkbox"/> Not Hispanic or Latino - everyone who is not "Hispanic or Latino," as defined above. <input type="checkbox"/> I choose not to disclose.
RACE:	<p>If you selected "Hispanic or Latino," DO NOT complete this section. Otherwise, please check one:</p> <input type="checkbox"/> White (Not Hispanic or Latino): all persons having origins in any of the original people of Europe, North Africa, or the Middle East <input type="checkbox"/> Black or African American (Not Hispanic or Latino): All persons having origins in any of the black racial groups of Africa <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – any persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands <input type="checkbox"/> Asian (Not Hispanic or Latino) – all persons 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 <input type="checkbox"/> American Indian or Alaskan Native (Not Hispanic or Latino) - all persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community attachment <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) – all persons who identify with more than one of the above races <input type="checkbox"/> I choose not to disclose.
VETERAN STATUS:	<p>"Disabled Veteran" is defined as a (1) 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 Department of Veterans Affairs; or (2) a person who was discharged or released from active duty because of a service-connected disability.</p> <p>"Active Duty Wartime or Campaign Badge Veteran" means any 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.</p> <p>"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.</p> <p>"Recently Separated Veteran" is defined as any veteran discharged or released from active duty in the past three years.</p> <p>If you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.</p> <input type="checkbox"/> I identify as one or more of the categories of protected veterans listed above. <input type="checkbox"/> I am not a protected veteran, or I choose not to disclose my protected veteran status.

Print Name: _____ Date: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____

Date: _____

Employee ID: _____
(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: _____

APPLICATION FOR EMPLOYMENT

Rayle EMC

Post Office Box 1090
Washington, GA 30673-1090

Date of Application: _____

This application will be considered active for a period of six (6) months, after which it shall be retired to an inactive file. To be considered for employment after the expiration of this application, a new application must be filed. The following information is requested in order to help us make the best possible placement with Rayle EMC. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in 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.

PLEASE PRINT

Name _____
(Last) (First) (Middle)

Address _____
(Street) Telephone No.

(City) (State) (Zip) Email (required)

Do you have the legal right to work in the United States? ___Yes ___No

How were you referred to Rayle EMC?

Have you ever applied for a job with Rayle EMC? ___Yes ___No

If yes, when? _____

Position for which you are applying (be specific) _____

Salary Expected _____ per _____

Are you related by "blood" or marriage to the immediate family of any present Rayle EMC employee? ___Yes ___No

Name_____ Relationship_____

Are you at least eighteen years of age? ___Yes ___No

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

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

Can you perform the essential functions of the job for which you are applying? ___Yes ___No
(See position description for a list of the essential functions of the job for which you are applying).

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

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), national origin, age, disability, veteran status, or union affiliations.)

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation Address Phone Number

Apart from absence for religious observation, are you available to work the regular scheduled shifts Monday through Friday and report to work with minimal notice during emergency conditions?
___Yes ___No

If no, 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

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

High School

Name

Address

Years Attended

Degree

Major

Technical School

Name

Address

Years Attended

Degree

Major

College

Name

Address

Years Attended

Degree

Major

Other

Name

Address

Years Attended

Degree

Major

Courses now studying: _____

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:		Supervisor:	To:	May we contact them? ___ Yes ___ No	
					Telephone:
From:			From:		
To:		Supervisor:	To:	May we contact them? ___ Yes ___ No	
					Telephone:
From:			From:		
To:		Supervisor:	To:	May we contact them? ___ Yes ___ No	
					Telephone:
From:			From:		
To:		Supervisor:	To:	May we contact them? ___ Yes ___ No	
					Telephone:
From:			From:		
To:		Supervisor:	To:	May we contact them? ___ Yes ___ No	
					Telephone:

PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY

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

CLERICAL AND SECRETARIAL APPLICANTS ONLY

Place 1 check for knowledge. Place 2 checks for experience.

- | | | |
|--|---|---|
| <input type="checkbox"/> Word processor | <input type="checkbox"/> Switchboard | <input type="checkbox"/> Typing _____ wpm |
| <input type="checkbox"/> Calculating machine | <input type="checkbox"/> Proofreading | <input type="checkbox"/> Load management systems |
| <input type="checkbox"/> Personal computer | <input type="checkbox"/> Data process entry | <input type="checkbox"/> Handling consumer concerns |
| <input type="checkbox"/> Accounts receivable,
payable, or payroll | | |

TRADES, CRAFTS AND TECHNICAL APPLICANTS ONLY

Place 1 check for knowledge. Place 2 checks for experience.

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

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 Rayle EMC policy. I agree to conform to the rules and regulations of Rayle EMC, 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 Rayle EMC 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 General Manager of Rayle EMC. I further understand that if offered employment, I will be required to take a drug screen and that such screen will include blood, urine, or saliva tests to determine the presence or use of alcohol or controlled substances.

Signature of Applicant

Date

FOR EMPLOYER'S USE ONLY

Interviewed by: _____

Date: _____

Comments: _____
