

Laclede Electric Cooperative

Application For Employment

It is the policy of Laclede Electric Cooperative (LEC) to provide equal opportunity with regard to all terms and conditions of employment. No information provided here will be used in an unlawful manner. Please complete each section. Failure to fully complete the application may result in your application being rejected. Read and sign page 4.

Position(s) Applied For _____ Date _____

General Information

Name _____
Last First Middle

Mailing Address _____
Number Street City County State Zip Code

Telephone: Home (_____) _____ Cell (_____) _____
Work (_____) _____ E-mail _____

Are you 18 or older? ☐ Yes ☐ No

Do you have reliable transportation? ☐ Yes ☐ No

Are you legally eligible to work in the United States? ☐ Yes ☐ No

If employed, you will be required to provide employment eligibility Verification mandated by the federal government. Laclede Electric Cooperative is a participating employer in E-Verify.

List any previous dates of employment at LEC or enter "None". _____

List any relatives who are currently employed at LEC or enter "None".
LEC has a nepotism policy which may prohibit the employment of relatives under certain circumstances. If you have a relative currently employed at LEC, state the name(s), relationship(s) and location(s) of the person(s) to whom you are related in the space to the right.

List any criminal convictions (as described below) or enter "None"
Please include convictions for which you pleaded guilty or nolo contendere (no contest), paid a fine, received a suspended sentence, and/or were incarcerated. Do not include minor traffic violations and convictions that have been annulled, expunged, sealed, or pardoned by a court.

Will you relocate if required? ☐ Yes ☐ No

Will you work overtime if required? ☐ Yes ☐ No

Employment History

Provide the employment information requested below, including experience in the U.S. Military Service. Begin with your present or most recent employment. If you are active in the job, leave the End Date blank.

<p>Employer Name and Address: _____ _____ _____</p> <p>Starting Salary: <i>Disclosure of Salary Information is Optional.</i> \$ _____ / <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year</p> <p>Ending Salary: \$ _____ / <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year</p> <p>Name of Supervisor(s): _____</p> <p>Supervisor(s) Title: _____</p> <p>Phone Number: (____) _____</p>	<p>Job Title: _____</p> <p>Describe the work you did: _____ _____ _____ _____ _____</p> <p>From: _____ / _____ To: _____ / _____ Month Year Month Year</p> <p>Reason for Leaving: _____ _____ _____</p>
<p>Employer Name and Address: _____ _____ _____</p> <p>Starting Salary: <i>Disclosure of Salary Information is Optional.</i> \$ _____ / <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year</p> <p>Ending Salary: \$ _____ / <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year</p> <p>Name of Supervisor(s): _____</p> <p>Supervisor(s) Title: _____</p> <p>Phone Number: (____) _____</p>	<p>Job Title: _____</p> <p>Describe the work you did: _____ _____ _____ _____ _____</p> <p>From: _____ / _____ To: _____ / _____ Month Year Month Year</p> <p>Reason for Leaving: _____ _____ _____</p>
<p>Employer Name and Address: _____ _____ _____</p> <p>Starting Salary: <i>Disclosure of Salary Information is Optional.</i> \$ _____ / <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year</p> <p>Ending Salary: \$ _____ / <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year</p> <p>Name of Supervisor(s): _____</p> <p>Supervisor(s) Title: _____</p> <p>Phone Number: (____) _____</p>	<p>Job Title: _____</p> <p>Describe the work you did: _____ _____ _____ _____ _____</p> <p>From: _____ / _____ To: _____ / _____ Month Year Month Year</p> <p>Reason for Leaving: _____ _____ _____</p>

May we contact the employers listed above? ☐ Yes ☐ No

If no, indicate which employer(s) we should not contact: _____

REFERENCES

Give below the names of three persons not related to you, whom you have known at least one year, and can comment on your work experience.

1	Name	Address & Phone Number	Business	Years Acquainted
2	Name	Address & Phone Number	Business	Years Acquainted
3	Name	Address & Phone Number	Business	Years Acquainted

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

Education and Training

Indicate all schools that you have attended. Completion of a formal education is a job-related requirement for some positions at LEC.

	High School	Vocational/Technical	College/University	Graduate School
School Name				
Expected Completion Date <small>*only enter if in progress</small>				
Diploma/Degree				
Major Course(s) of Study				
Grade Point Average (GPA)				

Applicant Authorization

Read Carefully Before Signing

I certify that the facts contained in this application and supporting documents for employment at LEC are true and complete to the best of my knowledge. I understand that any misrepresentations, falsifications, or deliberate omissions will result in my disqualification as an applicant or immediate dismissal from any ensuing employment. I authorize investigation of all statements herein.

I also authorize by my signature below or a copy thereof, the organizations and individuals referred to herein to furnish information to LEC. LEC shall be held harmless should it, in processing this employment application, rely on information provided from these sources, even if the information provided is inaccurate or erroneous. Additionally, I understand that nothing contained in this employment application and supporting documents or in the granting of an interview or in any policies, procedures or handbooks that I might receive, is intended to create an employment contract between LEC and myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon LEC. If an employment relationship is established, I understand that I have a right to terminate my employment at any time, for any reason or for no reason, and LEC retains a similar right regarding discontinuation of my employment subject only to the terms of a collective bargaining agreement, if one applies, and to the full extent permitted by law.

Signed _____

(Failure to sign may invalidate your application.)

AFFIRMATIVE ACTION INFORMATION FORM

Laclede Electric Cooperative (LEC) is an equal opportunity employer. It is LEC's policy to provide equal opportunity to all qualified persons, regardless of race, color, age, sex, sexual orientation, religion, national origin, genetic information, gender identity, veteran status, disability or any other protected characteristic. This form is used to collect information so that we may analyze and monitor our equal opportunity efforts and to complete aggregate statistical reports required by the federal government. This form is removed from the application prior to the hiring supervisor's review of the application, and is maintained separately from application and personnel files. Providing or failing to provide this information does not adversely affect any consideration you may receive for employment or later advancement in employment.

Date: _____ Position applied for: _____

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

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

Referral Source: _____

GENDER: Male ☐ Female ☐

RACE/ETHNICITY: Please check one box

☐ Hispanic or Latino ☐ Black or African American ☐ Asian ☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Two or more races ☐ I decline to self-identify

PROTECTED VETERAN STATUS: This employer 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 disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans and Armed Forces service medal veterans. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the recruitment efforts we undertake pursuant to VEVRAA.

I identify as one or more of the protected veteran classifications listed below: ☐ Yes ☐ No

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 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. Period of War Dates now include:

Persian Gulf War – August 2, 1990 to present

Vietnam Era – August 5, 1964 to May 7, 1975 for all veterans

February 28, 1961 to May 7, 1975 for vets serving in the Republic of Vietnam

Korean Conflict - June 27, 1950 to January 31, 1955

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.

Do you have any religious beliefs which would require an employer to make accommodation for you?

If yes, please specify. ☐ Yes ☐ No

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: