



APPLICATION FOR EMPLOYMENT

MOUNTRAIL-WILLIAMS ELECTRIC COOPERATIVE

Williston Office

P.O. Box 1346
Williston, ND 58802
701-577-3765

Stanley Office

P.O. Box 129
Stanley, ND 58784
701-628-2242

New Town Office

P.O. Box 59
New Town, ND 58763
701-627-3550

Mountrail-Williams Electric Cooperative is an equal opportunity employer.

GENERAL

Name (Last, First, Middle Initial):

Present Address (Street, City, State, Zip):

Telephone No.:

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Email Address: _____

Position Desired:

Starting Salary Required:

\$_____ per

Are you interested in: ☐ Full-time Employment or ☐ Part-time Employment

If accepted, when can you start?

Are you related to a Mountrail-Williams Director or Employee? ☐ Yes ☐ No

What relationship?

Give Names of Relatives or Friends Employed by this Company:

How did you learn about this opportunity?

Are you at least 18 years of age? ☐ Yes ☐ No

Employee drug testing will be conducted prior to an applicant's first day of employment.

SKILLS

Indicate your skills and abilities in the specialty areas, if applicable to the position in which you are applying:

Equipment & Programs Operated (Microsoft Office, Specialized Software, Line Equipment, Bobcat, Forklift, etc.):

EMPLOYMENT

List below all present and past employment, beginning with you most recent.

Company Name, Address and Phone No.:

Type of Business:

Starting Salary: Ending Salary:
\$ _____ \$ _____

Name of Supervisor(s)

Title and description of the work you did:

From (Month/Year):

To (Month/Year):

_____/_____/_____

Reason for Leaving:

Company Name, Address and Phone No.:

Type of Business:

Starting Salary: Ending Salary:
\$ _____ \$ _____

Name of Supervisor(s)

Title and description of the work you did:

From (Month/Year):

To (Month/Year):

_____/_____/_____

Reason for Leaving:

Company Name, Address and Phone No.:

Type of Business:

Starting Salary: Ending Salary:
\$ _____ \$ _____

Name of Supervisor(s)

Title and description of the work you did:

From (Month/Year):

To (Month/Year):

_____/_____/_____

Reason for Leaving:

May we contact employers listed above? ☐ Yes ☐ No

If not, indicate which one(s) you do not wish us to contact:

If more than 3 past employers, list them on the backside of the application or attach an additional sheet.

EDUCATION

High School (Name and Address)

Years Completed:

Did you Graduate? ☐ Yes ☐ No

College (Name and Address)

Years Completed:

Did you Graduate? ☐ Yes ☐ No

Course of Study (Major/Minor):

List Diploma or Degree:

College (Name and Address)

Years Completed:

Did you Graduate? ☐ Yes ☐ No

Course of Study (Major/Minor):

List Diploma or Degree:

Other (Name and Address)

Years Completed:

Did you Graduate? ☐ Yes ☐ No

Are you attending school or taking courses right now?

☐ Yes ☐ No

Where?

List Scholastic Honors:

PERSONAL REFERENCES

Do not refer to previous employers or relatives.

Name:

Address (Street, City, State, Zip):

Contact Number:

Occupation:

1. _____

2. _____

3. _____

Please add any statements which you feel may help to clarify answers to any of the questions in this application. Also, you may add anything here which you feel might favorably affect consideration of your application – including volunteer work.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

Mountrail-Williams Electric Cooperative is an employment at will employer.

I acknowledge that I have read and understand these terms.

Applicant's Signature:

This application form will be maintained in the Cooperative's active file for three months only unless renewed.

**Equal Employment Advisory Council
Employee Questionnaire for
Self-Identification of Gender and Race/Ethnicity**

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTIONS

What is your gender? Please mark one box that describes the gender category with which you primarily identify.

Male ☐ Female ☐ Nonbinary ☐

What is your race/ethnicity? Please mark one box that describes the race/ethnicity category with which you primarily identify.

- ☐ **Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **American Indian or Alaskan Native:** a person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- ☐ **Asian** – 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** – A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Two or More Races** – All persons who identify with more than one of the above races.

Job Title(s) Applied for: _____ Date of Job Application: _____

If you have any questions about the government requirements or this request, please contact our Human Resources Department at 701-577-3765. This completed form should be returned to: Brandy Hansen c/o MWECC PO Box 1346 Williston, ND 58801

Self-identification for Veteran Status (pre-offer)

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 the following categories of veterans:

- **Disabled veteran:**

- 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.

- **Recently separated veteran:** any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

- **Active duty wartime or campaign badge veteran:** a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

- **Armed forces service medal veteran:** a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Please print your name below and indicate whether you belong to any of the above-mentioned categories of protected veterans.

Note: 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. Submission of this information is voluntary. Refusal to provide it does not subject you to any adverse treatment. The information provided will be kept confidential and used only in ways that are consistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

Name: _____ Date: _____

- ☐ I identify as one or more of the classifications of protected veteran listed above (there is no need to identify the specific category at this time).
- ☐ I am not a protected veteran.
- ☐ I choose not to provide any information regarding my veteran status (you may choose to provide this information at any time in the future).

About our affirmative action plan

The company's affirmative action plan asserts and outlines our commitment to ensuring that our policy of nondiscrimination and affirmative action is accomplished. Specifically, the company does not discriminate on the basis of veteran status and works to employ and advance in employment qualified protected veterans.

The company's affirmative action efforts include a regular review of personnel processes and the physical and mental job qualification standards for individual positions. They also include employee training, efforts to prevent harassment, and data collection and reporting systems to ensure nondiscrimination.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

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

Name: _____
Job Title: _____
Employee ID: _____

Date: _____
Date of Hire: _____
(if applicable)

(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 I know if I 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
- Epilepsy or other seizure disorder
- Missing limbs or partially missing limbs
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- 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
- 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.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 04/30/2026
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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.

ⁱ 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.

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.