



# 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. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability or veteran status.*

## GENERAL

Name (Last, First, Middle Initial):

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

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Telephone No.:

( ) -

Email Address: \_\_\_\_\_

Position Desired:

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Starting Salary Required:

\$ \_\_\_\_\_ per

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

If accepted, when can you start?

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

What relationship?

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Give Names of Relatives or Friends Employed by this Company:

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How did you learn about this opportunity?

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

## 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.):

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## EMPLOYMENT

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

Company Name, Address and Phone No.:

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Type of Business:

Starting Salary: Ending Salary:  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

Name of Supervisor(s)

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Title and description of the work you did:

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From (Month/Year):

To (Month/Year):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Reason for Leaving:

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Company Name, Address and Phone No.:

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Type of Business:

Starting Salary:

Ending Salary:

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Name of Supervisor(s)

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Title and description of the work you did:

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From (Month/Year):

To (Month/Year):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Reason for Leaving:

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Company Name, Address and Phone No.:

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Type of Business:

Starting Salary:

Ending Salary:

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Name of Supervisor(s)

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Title and description of the work you did:

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From (Month/Year):

To (Month/Year):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Reason for Leaving:

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May we contact employers listed above? ☐ Yes ☐ No

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

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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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Remarks

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 blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

## Please Read Carefully

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

I certify that the facts contained in this application are true and complete. I understand that falsified statements on this application shall be considered as sufficient cause for discharge.

I understand that any offer of employment made by Mountrail-Williams Electric is contingent upon the satisfactory results of the medical examination and drug screen.

I agree to conform to the rules, regulations and policies of the Cooperative and acknowledge that these rules, regulations, policies, and any other terms and conditions, including benefits, may be changed by the Cooperative at any time and without prior notice to me. I further acknowledge and agree that my employment may be terminated, with or without prior notice, at any time, at the will of the Cooperative or myself, with or without cause.

I understand that Mountrail-Williams Electric is a smoke free workplace.

No representative or employee of the Cooperative, with the exception of the General Manager, has the authority to enter into any contract or agreement to the contrary, and then only if such commitment is in a written document signed by the General Manager and the employee.

I acknowledge that I have read and understand these terms.

Today's Date:

Applicant's Signature: \_\_\_\_\_

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

## 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 2

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

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

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

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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).

### 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish 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: \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 05/31/2023  
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).

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