

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:

Fairfield Electric Cooperative, Inc.

“Pre-Offer” Invitation to Self-Identify as a Protected Veteran

Fairfield Electric Cooperative, Inc. 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 the 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.

Fairfield Electric Cooperative, Inc. 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, Fairfield Electric Cooperative, Inc. 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

APPLICATION FOR EMPLOYMENT

FAIRFIELD ELECTRIC COOPERATIVE, INC.

Post Office Box 2500, Blythewood, SC 29016
803-754-0153

Date: _____

Note: Applicants applying for positions that require them to drive cooperative commercial vehicles must also fill out the D.O.T. 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 filling in this application form.

The Cooperative, in accordance with State and Federal laws, does not discriminate on the basis of race, color, creed, religion, gender identity, national origin, age, marital status, sexual orientation, military/veteran status, or any on-job-related disability or medical condition. The Cooperative is also required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ women, minorities, otherwise qualified disabled individuals, and protected veterans.

FAIRFIELD ELECTRIC COOPERATIVE IS AN EQUAL OPPORTUNITY EMPLOYER.

PLEASE PRINT

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

Address: _____ Telephone No.: _____
(Street)

(City) (State) (Zip) Alternate No.: _____

Social Security Number _____ / _____ / _____

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 the Cooperative?
_____ Yes / _____ No

If yes, Relationship: _____

Have you ever applied for a job with the Cooperative? Yes / No

If yes, when? _____

Have you ever worked at the Cooperative before? Yes / No

If yes, when? _____

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.: _____ 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.: _____ State: _____ License No.: _____

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes / No

(See attached sheet 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, gender, religion, national origin, age, disability, veteran status, or union affiliations.)

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

EDUCATION

School Name	Address	No. of Years Attended	Diploma	Major
<input type="checkbox"/> High			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> College			Degree	
<input type="checkbox"/> Other				
<input type="checkbox"/> Courses now studying				

PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY

List special training or noteworthy achievements. Please attach your resume. Please do not include anything that would identify your race, color, gender, religion, national origin, age, disability, veteran status, or union affiliations.

CLERICAL AND ADMINISTRATIVE APPLICANTS ONLY

Place one check for knowledge. Place two checks for experience.

<input type="checkbox"/> Calculator	<input type="checkbox"/> Personal Computer	<input type="checkbox"/> Microsoft Publisher
<input type="checkbox"/> A/R or A/P	<input type="checkbox"/> Internet	<input type="checkbox"/> Load Management
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Microsoft Windows	<input type="checkbox"/> Payroll System
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Proofreading
<input type="checkbox"/> E-Mail	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Typing _____ wpm
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Microsoft PowerPoint	

TRADES, CRAFTS, AND TECHNICAL APPLICANTS ONLY

Place one check for knowledge. Place two checks for experience.

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

Dates	Name and Address of Employer	Job Title and Brief Description of Duties	Salary	Exact Reason for Leaving
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
Phone:				
From:			From:	
To:			To:	
		Supervisor:		May we contact them?
Phone:				
From:			From:	
To:			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, MEDICAL INFORMATION, 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 TRUSTEES AND IS EMBODIED IN A WRITTEN AGREEMENT SIGNED BY THE PRESIDENT OR THE GENERAL MANAGER OF THE COOPERATIVE. I FURTHER UNDERSTAND THAT IF OFFERED EMPLOYMENT, I WILL BE REQUIRED TO TAKE A PHYSICAL EXAMINATION AND THAT SUCH EXAMINATION MAY INCLUDE BLOOD, BREATH, URINE, OR SALIVA TESTS TO DETERMINE THE PRESENCE OR USE OF ALCOHOL OR ILLEGAL CONTROLLED SUBSTANCES.

Signature of Applicant

Date

FOR EMPLOYER'S USE ONLY

Interviewed by: _____ Date: _____

Comments: _____

EMPLOYMENT REFERENCE CHECK

Employer	Person Contacted	Date	Results
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PERSONAL REFERENCE CHECK

Person	Date	Comments
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ACTION

No Action

Interview - No Position Offered

Position Offered:

Date: _____

Position: _____

Date Accepted: _____