



West River Electric Association, Inc.



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Wall, SD 57790
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E-mail: info@westriver.coop
Website: www.westriver.coop

Branch Office
3250 E Hwy 44
PO Box 3486
Rapid City, SD 57709-3486
(605) 393-1500
Fax (605)393-0275

Employment Application

Notice to Any Person Seeking Employment With West River Electric Association, Inc.

- Those applicants requiring reasonable accommodations to the applications and/or interview process should notify a representative of West River Electric Association, Inc.
- Unsolicited applications and resumes are not kept on file.
- In an effort to comply with government record keeping requirements, we ask that you voluntarily complete the Self-Identification form attached to the Employment Application.

West River Electric Association places great emphasis on customer service, teamwork, problem solving, and innovation. We look for people who exemplify these qualities and are willing to work hard for our membership. West River Electric is an equal opportunity employer.

Position being applied for _____	Date of application ____ / ____ / ____
Name _____	
LAST	FIRST
	MIDDLE

Personal

Name _____
LAST FIRST MIDDLE

Address _____
STREET

CITY STATE ZIP CODE

E-mail address _____

We may contact you by email to take an assessment test. This does not guarantee an interview.

Telephone # (_____) _____ Mobile/Other Phone # (_____) _____

If necessary, best time to call you is _____:_____ AM
PM

Are you employed now? Yes No

If yes, may we contact you at work? Yes No

If yes, work number and best time to call (_____) _____:_____ AM
PM

Are you over 18 years of age? Yes No If under 18, can you get a work permit? Yes No N/A

Are you legally eligible for employment in this country? Yes No

Have you filed an application here before? Yes No

List positions previously applied for _____

Have you ever been employed by WREA or another electric cooperative before? Yes No

If yes, indicate position, department and dates: _____

Have you ever been convicted of a felony? Yes No

Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.

If yes, please provide date(s) and details _____

Are you related to any employee of the Cooperative or member of the WREA Board of Directors? Yes No

If yes, give name, position, and relationship: _____

Work Preference

Date available for work ____/____/____

Type of employment desired Full-time Part-time Temporary Seasonal

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime (more than 40 hours in a week)? Yes No

Education

High School City/State	Circle grade completed 1 2 3 4	Did you graduate? Yes No
College/Technical School/Other City/State	# of Years	Course of Study
Other job-related educational institutions, licenses, certifications, etc		

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheet if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE # ()	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM TO	
ADDRESS			
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATES/SALARY	
		STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING		HOURLY RATES/SALARY	
		FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$ PER	
EMPLOYER	TELEPHONE # ()	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM TO	
ADDRESS			
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATES/SALARY	
		STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING		HOURLY RATES/SALARY	
		FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$ PER	
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IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING		HOURLY RATES/SALARY	
		FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$ PER	

EMPLOYER	TELEPHONE # ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATES/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATES/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications

Do you have a current driver's license? Yes No
 If No, are you able to obtain a driver's license? Yes No

Do you have a current CDL license? Yes No
 If No, are you able to obtain a CDL license? Yes No

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying for.

Summarize your computer/technology skills including software programs, hardware, and operating systems.

What equipment do you operate efficiently?

References

List name and telephone number of three business/work references that are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

Applicant Statement

I understand that this application will be reviewed, but nothing in this application or any other documents or in the employment evaluation process shall be construed as either an offer or contract of employment or an obligation on the part of West River Electric Association, Inc. to provide any benefit to me.

I certify that all the information I have provided in order to apply for and secure employment with West River Electric Association, Inc. is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from West River Electric Association, Inc., when it is discovered.

I understand I am required to submit to a post-offer, pre-hire physical examination and hearing examination in order for West River Electric Association, Inc. to determine my physical ability to perform the job.

I understand my employment is contingent upon the results of a drug screen for illegal drugs. A confirmed positive screen will result in my disqualification from employment.

I authorize and consent to my references, employers and/or employer representatives, public agencies, licensing authorities, and educational institutions and persons or organizations named in this application and/or accompanying resume to release any information to West River Electric Association, Inc. that may be required to make an employment decision. I hereby release them from all liability for divulging the same.

I understand this application remains current only until the open position has been filled. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

I understand my employment is not guaranteed for any term, and my employment may be terminated by West River Electric Association, Inc. or myself at any time and for any reason. No manager, supervisor or representative of West River Electric Association, Inc. is authorized to make an oral or written assurance or promise of continued employment.

Do not sign until you have read the above APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____/____/____

SELF-IDENTIFICATION

WREA is an equal opportunity employer. All applicants are considered without regard to race, color, religion, gender, sexual orientation, marital status, age, national origin, military status, veteran status, disability or any status that is protected by state or federal law.

In an effort to comply with the laws, we invite you to voluntarily self-identify your race/ethnicity, gender, veteran status and disability status. Refusal to provide this information will not subject you to any adverse treatment or be used when considering you for employment with our company. THIS FORM WILL BE USED FOR REPORTING DATA TO THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION. ALL DATA COLLECTED WILL BE USED FOR STATISTICAL REPORTING PURPOSES AND MAY BE SUBJECT TO DISCLOSURE UNDER FEDERAL AND STATE LAW OR RULE. THE INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL, MAINTAINED SEPARATE FROM OTHER PERSONNEL RECORDS AND ONLY ACCESSED BY THE HUMAN RESOURCE DEPARTMENT

Application Date: _____

Name: _____ **Social Security #:** _____

County of Residence: _____ **State of Residence:** _____

Position Applied for (must be specific): _____

Referral Source:

_____ SD Department of Labor
_____ Website
_____ Internal Referral
_____ Educational Institution
_____ LinkedIn

_____ Facebook
_____ Newspaper Ad
_____ Walk-in
_____ Other _____

PART I – SEX, RACE AND ETHNICITY

The following designations are those currently required by the Federal government.

CHECK ONE ONLY MALE FEMALE I choose not to self-identify

ARE YOU HISPANIC OR LATINO? NO YES (*proceed to part II*)

IF NO CHECK ONE ONLY

- White**, (Not Hispanic or Latino) (*A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*)
- Black or African American** (Not Hispanic or Latino) (*A person having origins in any of the black racial groups of Africa, includes Jamaican and West Indian.*)
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) (*A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*)
- Asian** (Not Hispanic or Latino) (*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.*)
- American Indian or Alaska Native** (Not Hispanic or Latino) (*A person having origins in any of the original peoples of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.*)
- Two or More Races** (Not Hispanic or Latino) (*All persons who identify with more than one of the above five races.*)

SEE REAR OF FORM TO COMPLETE PART II AND PART III

PART II – IDENTIFICATION AS COVERED VETERAN

WREA 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:

- **Disabled Veteran** *This term means a veteran 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 for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap, or a person who was discharged or released from active duty because of a service-connected disability.)*
- **Recently Separated Veteran** *This term means a veteran who was discharged (other than dishonorably discharged) from active duty in the U.S. military, ground, naval, or air service within the last three years.*
- **Active Duty Wartime or Campaign Badge Veteran** *This term 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.*
- **Armed Forces Services Medal Veteran** *This term 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
- I DECLINE TO DISCLOSE MY VETERAN STATUS

PART III – VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Form CC-305

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.

Job Title: _____

Date of Hire: _____