



## JOB POSTING NOTICE

Gibson Connect has a **Fiber Technician** position open for our Trenton Member Service Center at 1207A S. College St., Trenton, TN.

Qualified applicants must:

- Have one to two years of experience in fiber splicing or related work
- Have a high school diploma or the equivalent;
- Be able to obtain a valid Class A Tennessee Commercial Driver License after hire; and
- Be able to perform the essential functions of the Fiber Technician position description.

It is preferred that an applicant:

- Have three to five years of experience in telecom field, preferably in fiber installation, removal, troubleshooting, maintenance and splicing
- Have certifications or courses related to technical services, information technology and fiber/telecommunications
- Have certifications or courses related to distribution utility safety

A Position Description, Application for Employment, Driver's Supplemental Application, and Self-ID forms can be found at [www.gibsonemc.com](http://www.gibsonemc.com) under "myCo-op," "My Cooperative" and "Career Opportunities" as well as [Jobs4TN.gov](http://Jobs4TN.gov) and [FocusTalent.ky.gov](http://FocusTalent.ky.gov).

If you meet the qualifications and would like to be considered for this position, please visit

- 1) any American Job Center location in Tennessee (*locations also listed on [gibsonemc.com](http://gibsonemc.com)*), or visit
- 2) the Kentucky American Job Center at 416 South 6th Street in Paducah, KY, or visit
- 3) the [gibsonemc.com](http://gibsonemc.com) website where you can print, then complete the forms and
  - fax to 731-562-0006, or
  - mail to Gibson Connect, ATTN: Human Resources, 1207A S. College St., Trenton, TN 38382, or
  - drop off your completed forms at your local Gibson EMC member service center (*locations also listed on [gibsonemc.com](http://gibsonemc.com)*).

**Applications will be taken through June 20, 2018.  
Mailed applications must be postmarked by this date.**

**Gibson Electric Membership Corporation is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, national origin, disability or veteran status.**

06/05/2018



OWNED BY THE PEOPLE WE SERVE



## Fiber Technician

**EEO Group:** Trades and Crafts

**Overtime Status:** Non-Exempt

**Reports To:** Business Development and Account Manager

### Summary:

Performs all types of telecommunications line construction, retirement and maintenance on overhead or underground lines, with or without direct supervision, in conformance with Gibson Connect and industry specifications.

### Essential Functions:

- Follows all safety rules and procedures including good housekeeping as well as care and inspection of equipment, tools and vehicles
- Safely, efficiently and properly installs, prepares, removes, troubleshoots and maintains all types of telecommunications and fiber line equipment and apparatus as required or directed. Splices fiber cable to industry quality standard and effectively operates all fiber optic testing, troubleshooting and locating equipment including inside customer premises
- Properly documents all work performed.
- Responds quickly to outages, locates problems and performs maintenance on fiber lines
- Follows and interprets maps, specifications and staking sheets
- Informs Supervisor of work performed, including changes from specifications shown on staking sheets
- Assists with inventorying; accounts for materials
- Resolves customer complaints as quickly as possible and whenever possible to the customer's satisfaction. If resolution extends beyond established authority, involves supervisor
- Completes all required paperwork (including time sheets, mileage sheets, truck reports, material sheets, material requisition forms, and accident reports) properly and timely
- Attends all safety meetings. Participates in training to stay abreast of all safety rules and regulations, best practices for fiber splicing, maintenance and construction
- Makes recommendations to direct supervisor regarding process improvement and problem resolution when independent action would exceed scope of authority
- Complies with Gibson Connect's policies prohibiting harassment and discrimination and immediately reports possible violations to VP of HR and Member Services

- Complies with Gibson Connect’s Drug-Free Workplace policy and immediately reports possible violations to division VP and VP of HR and Member Services
- Complies with all policies, safety rules and procedures; and immediately reports possible violations to division VP and VP of HR and Member Services
- Assists with annual meeting as needed
- Informs supervisor of work performed, including changes from specifications shown on staking sheets
- Performs other duties as required.

**Competencies:**

- |                             |                            |
|-----------------------------|----------------------------|
| • Technical capacity        | • Collaboration            |
| • Customer/client rapport   | • Microsoft Excel and Word |
| • Communication proficiency | • Organization             |
| • Professionalism           | • Dependability            |
| • Initiative                | • Fiber Splicing           |

**Equipment Requirements** (must be able to effectively use): Gibson Connect vehicles (including pick-up truck, bucket truck, and forklift); trailers; four-wheeler; fiber-splicing equipment; fiber optic testing, troubleshooting and locating equipment; radio; personal computer/iPad; printer; copy machine; facsimile machine; hand tools; and telephone.

**Software Requirements** (must be able to effectively use): Customer Information System, General Accounting Information System, e-mail, mapping, word processing

**Education Degrees, Certificates, Licenses, and/or Training:**

*Required:*

- High school diploma or the equivalent
- Valid Class A Tennessee Commercial Driver License (or be able to obtain within 6 months)
- Valid CPR/First-Aid Certificate (or be able to obtain within 12 months)

*Preferred:*

- Certifications or courses related to technical services, information technology and fiber/telecommunications
- Certifications or courses related to distribution utility safety

## **Experience, Knowledge, Skills and Abilities:**

### *Required:*

- One to two years of experience in fiber splicing or related work
- Skills and ability to splice any type of fiber cable to industry quality standard
- Skills and ability to install/maintain/remove fiber optic drop or mainline cable; splice any drop fiber in customer premise location utilizing automated splicing equipment; install/maintain/remove fiber based customer premise equipment; and as authorized and approved, install/maintain/remove and splice distribution and backbone fiber
- Knowledge or ability to acquire knowledge of the telecom and fiber distribution system in the service area, such as location of lines, splice points, recovery loops, electronic equipment etc.
- Ability to learn the Company mapping system and software and have the ability to read and interpret maps to others.
- Knowledge of all Gibson Connect safety regulations
- Knowledge of Gibson Connect objectives, history and operations
- Ability to immediately acquire all personal tools and safety equipment essential to proper performance of duties
- Ability to determine when a hazard exists that cannot be worked normally and request instructions from a supervisor
- Ability to effectively and courteously communicate in person and by telephone
- Ability to maintain professionalism and effectively perform in stressful situations
- Ability to effectively resolve non-routine problems
- Ability to effectively and professionally perform multiple tasks simultaneously
- Ability to meet deadlines under pressure
- Ability to read and comprehend, especially technical comprehension
- Ability to maintain strict confidentiality of externally sensitive information
- Ability to work on a one-to-one basis and with groups

### *Preferred:*

- Three to five years of experience in telecom field, preferably in fiber installation, removal, troubleshooting, maintenance and splicing

**Physical Requirements** (must be able to): Distinguish colors; exhibit visual depth perception; extend neck to look above, down and side to side; reach overhead, forward and to the side; extend back; use both hands and fingers, grip, and twist wrist; bend/ stoop; squat/crouch; twist; work on hands and knees; sit and stand for long periods of time; walk long distances and on uneven terrain; maintain arm-hand steadiness; work at heights using a ladder and/or bucket for long periods of time; lift and carry weights of up to 50 pounds for 20 feet; and push and pull weights up to 100 pounds

**Working Conditions (must be able to):**

- Work eight hours per day, five days a week
- Work the on-call fiber rotation as needed, including weekends, nights and holidays
- Respond immediately to 24-hour call-out and work overtime as needed, including weekends, nights, and holidays
- Primarily outside work with exposure to inclement weather, including temperature extremes
- Drive throughout Tennessee and West Kentucky
- Travel as needed outside Gibson Connect's service area (including some overnight stays)

**Important:**

This position description is not intended to contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice. Gibson Connect, LLC reserves the right to revise this position description as needed. This position description does not constitute a written or implied contract of employment.

Effective: 02/21/2018; Revised 06/05/2018



1207A S. College St. • Trenton, TN 38382

## APPLICATION FOR EMPLOYMENT

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

**Note: Applicants applying for positions that require them to drive Gibson Connect commercial motor vehicles must also fill out the 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 Gibson Connect. All portions of this application pertaining to you must be completed. We appreciate the time you spend in completing this application form.

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

**GIBSON CONNECT IS AN EQUAL OPPORTUNITY EMPLOYER.**

**PLEASE PRINT**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Primary Phone No: \_\_\_\_\_ Alternative Phone No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No

How were you referred to Gibson Connect? \_\_\_\_\_

Are you a relative, either by blood or marriage, of any employee or trustee of Gibson EMC or Gibson Connect?  Yes  No

Have you ever applied for a job with Gibson Connect? If yes, when? \_\_\_\_\_  Yes  No

Have you ever worked at Gibson Connect before? If yes, when? \_\_\_\_\_  Yes  No

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.: \_\_\_\_\_

In what state or states have you ever possessed a driver's license?

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? *(See position description for essential functions of job.)*  Yes  No

Apart from absence for religious observation, 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

If you are selected for employment, on what date can you start work? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, give details, including jurisdiction (state and county) where such conviction occurred.

\_\_\_\_\_

*(Criminal convictions are not an absolute bar to employment. They will only be considered in relation to specific job requirements.)*

Have you ever been convicted of a power (electricity) theft or power diversion?  Yes  No

If yes, give details, including jurisdiction (state and county) where such conviction occurred.

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

School Name	Address	No. of Years Attended	Degree	Major
High				
College				
Other				
Courses now studying:				

**CLERICAL, SECRETARIAL, AND MEMBER CARE APPLICANTS ONLY**

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Computer          | <input type="checkbox"/> Microsoft Outlook    | <input type="checkbox"/> Cash Register/Drawer             |
| <input type="checkbox"/> Computer Printer  | <input type="checkbox"/> Microsoft Excel      | <input type="checkbox"/> Cash Handling/Balancing          |
| <input type="checkbox"/> Copy Machine      | <input type="checkbox"/> Microsoft Word       | <input type="checkbox"/> Payroll                          |
| <input type="checkbox"/> 10-Key Calculator | <input type="checkbox"/> Customer Service     | <input type="checkbox"/> Two-Way Radio                    |
| <input type="checkbox"/> Keyboarding       | <input type="checkbox"/> Multi-Line Telephone | <input type="checkbox"/> Collections on consumer accounts |

**TRADES, CRAFTS, AND TECHNICAL APPLICANTS ONLY**

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

- |  |   |
|--|---|
| <input type="checkbox"/> Warehousing                         | <input type="checkbox"/> Radio communication and operation                  |
| <input type="checkbox"/> Computer inventory methods          | <input type="checkbox"/> Load management systems                            |
| <input type="checkbox"/> Prepare work orders                 | <input type="checkbox"/> Meter reading                                      |
| <input type="checkbox"/> Basic electricity                   | <input type="checkbox"/> Addressing consumer concerns                       |
| <input type="checkbox"/> Tree trimming                       | <input type="checkbox"/> Connecting and disconnecting meters                |
| <input type="checkbox"/> Brush clearing                      | <input type="checkbox"/> Electronic mapping systems                         |
| <input type="checkbox"/> Material control                    | <input type="checkbox"/> Load switching                                     |
| <input type="checkbox"/> Perpetual inventory                 | <input type="checkbox"/> Substation construction                            |
| <input type="checkbox"/> Automotive maintenance              | <input type="checkbox"/> Line construction                                  |
| <input type="checkbox"/> Electric and gas welding            | <input type="checkbox"/> Transformer banks                                  |
| <input type="checkbox"/> Hotline work, primary and secondary | <input type="checkbox"/> Regulators, capacitors, breakers and switches      |
| <input type="checkbox"/> Electrical hand tools               | <input type="checkbox"/> Underground experience, (primary and/or secondary) |
| <input type="checkbox"/> Electrical safety                   |   |
| <input type="checkbox"/> Pole inspection                     |   |

**PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY**

List special training or noteworthy achievements. Please also attach your resume.

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**ALL APPLICANTS**

List any training or special skills you have that are relevant to the position for which you are applying.

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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, religion, sex (including pregnancy), sexual orientation, gender identity, age, national origin, disability, veteran status, political beliefs or union affiliations).

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**EMPLOYMENT RECORD (Most recent employer first)**

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:			
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 GIBSON CONNECT, INCLUDING BUT NOT LIMITED TO THIS APPLICATION, RESUMES, 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 GIBSON CONNECT, 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 GIBSON CONNECT 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 DIRECTORS AND IS EMBODIED IN A WRITTEN AGREEMENT SIGNED BY THE CHAIRMAN OR THE PRESIDENT AND CEO OF GIBSON CONNECT. I FURTHER UNDERSTAND THAT IF OFFERED EMPLOYMENT, I WILL BE REQUIRED TO TAKE A PHYSICAL EXAMINATION AND THAT SUCH EXAMINATION WILL INCLUDE BLOOD, BREATH, URINE, OR SALIVA TESTS TO DETERMINE THE PRESENCE OR USE OF ALCOHOL OR ILLEGAL CONTROLLED SUBSTANCES.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



1207A S. College St. • Trenton, TN 38382

# DRIVER'S SUPPLEMENTAL APPLICATION FOR EMPLOYMENT

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

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

GIBSON CONNECT IS AN EQUAL OPPORTUNITY EMPLOYER.

## TO BE COMPLETED BY APPLICANT

(answer all questions – please print or type)

Position(s) Applied For \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

(Information received in response to the request for your date of birth will not be used to discriminate on the basis of age against any applicant for employment or employee. Such information is requested to comply with the requirements of 49 C.F.R. § 391.21(b)(2).)

Do you have the legal right to work in the United States?  Yes  No

Can you perform the essential functions of the job for which you have applied as described in the attached job description?  Yes  No

### List your addresses of residency for the past three years.

Current Address

Street City  
State Zip Code How Long? \_\_\_\_\_  
yr./mo.

Previous Addresses

Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.

Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.

Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional seven years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add additional sheets as necessary.)

EMPLOYER	DATE			
NAME	FROM	TO	MO.	YR.
ADDRESS	MO.	YR.	MO.	YR.
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER			
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER	DATE			
NAME	FROM	TO	MO.	YR.
ADDRESS	MO.	YR.	MO.	YR.
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER			
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER	DATE			
NAME	FROM	TO	MO.	YR.
ADDRESS	MO.	YR.	MO.	YR.
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER			
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER			
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER			
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

\*Includes: vehicles having a gross combination weight rating of 26,001 lbs. or more inclusive of a towed unit with a GVWR of more than 10,000 lbs.; vehicles having a GVWR of 26,001 lbs. or more; vehicles designed to transport 16 or more passengers, including the driver; OR any size vehicle used in the transportation of hazardous materials as defined in 49 C.F.R. Part 383.

<sup>†</sup>The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST THREE YEARS. IF NONE, WRITE NONE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES (OTHER THAN PARKING VIOLATIONS) FOR THE PAST THREE YEARS, IF NONE, WRITE NONE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

LOCATION	DATE	CHARGE	PENALTY



## Gibson Electric Membership Corporation

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

Gibson Electric Membership Corporation 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 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.

Gibson Electric Membership Corporation 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, Gibson Electric Membership Corporation 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

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

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

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### 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:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

**Please check one of the boxes below:**

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date



## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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).

**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.

# Gibson Electric Membership Corporation

## Voluntary Self-Identification of Race, Ethnicity and Gender

Gibson Electric Membership Corporation (hereinafter "the Cooperative") is subject to certain federal governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Cooperative invites applicants/employees to voluntarily self-identify their race, ethnicity and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported annually to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

### ETHNICITY

- Hispanic or Latino*** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
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### RACE

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

- Male
- Female
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Applicant's/Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Note: If an employee declines to self-identify, employment records or observer identification may be used.