



JOB POSTING NOTICE

Gibson Connect has two **Installation Technician** positions open for our Trenton Member Service Center at 1207A S. College St., Trenton, TN.

Qualified applicants must:

- Have one to two years of experience performing in-premise telecommunications installation and troubleshooting in-premise equipment and services
- 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 Installation Technician position description.

It is preferred that an applicant:

- Have three or more years of experience in telecom field, preferably performing in-premise telecommunications installation and troubleshooting in-premise equipment and services, as well as in fiber 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 under "myCo-op," "My Cooperative" and "Career Opportunities" as well as Jobs4TN.gov and 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*), or visit
- 2) the Kentucky American Job Center at 416 South 6th Street in Paducah, KY, or visit
- 3) the 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*).

**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



Installation Technician

EEO Group: Trades and Crafts

Overtime Status: Non-Exempt

Reports To: Lead In-Premise Install Technician

Summary:

Performs in-premise fiber, ethernet, and electronic installs in residential and commercial buildings. Installs, maintains and removes fiber optic drops on premise location utilizing splicing equipment, installs maintains, tests and removes and splices distribution and backbone fiber. Trains and educates customers on the how to fully utilize internet connected equipment including voice and video products. Recommends the correct services for the customer based on their use and need. Markets products in group and individual settings.

Essential Functions:

- Follows all safety rules and procedures including good housekeeping as well as care and inspection of equipment and tools
- Safely, efficiently and properly installs, prepares, removes, troubleshoots, tests and maintains in-premise electronics, fiber, ethernet and related equipment determining placement of equipment for meeting customer needs, best propagation of signals and lowest cost keeping work site neat and orderly
- Works with In-Premise Install team to develop best practices for installation of in-premise equipment by contractors or Gibson Connect or Gibson EMC employees
- Trains and educates customers on how to connect and utilize internet connected equipment and markets Gibson Connect services to match the needs and use cases of the customer
- Resolves customer complaints as quickly as possible and whenever possible to the customer's satisfaction. Follows up on customer complaints and assists customer within authority. If resolution extends beyond established authority, involves supervisor. If contacted by customer after hours, notifies appropriate personnel to ensure members' needs are met timely.
- Markets and educates customers of Gibson Connect and Gibson EMC services in group and individual settings including participation on a marketing strategies team
- Calls and/or visits residential and commercial locations to sell Gibson Connect products and services. Professionally represents Gibson Connect in appearance and behavior.



Installation Technician

- Safely, efficiently and properly installs, prepares, removes, troubleshoots, tests and maintains all types of telecommunications and fiber line equipment and apparatus as required or directed. Splices fiber cable to industry standard quality and effectively operates all fiber optic testing, troubleshooting and locating equipment. Willingly assists other employees as needed.
- Safely, efficiently and properly installs, maintains and removes fiber optic drops on premise location utilizing splicing equipment. Installs, maintains, and removes and splices distribution and backbone fiber
- Responds quickly to outages, locates problems and performs maintenance on fiber lines
- Follows and interprets maps, specification and staking sheets
- Safely operates all types of vehicles and associated equipment with professionalism and care
- Informs supervisor of work performed, including changes from specifications shown on staking sheets
- Assists with inventorying; accounts for materials
- Completes all required paperwork (including time sheets, mileage sheets, truck reports, staking sheets, meter sets, 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.



Installation Technician

Competencies:

- Technical capacity
- Customer/client rapport
- Communication proficiency
- Professionalism and dependability
- Initiative
- Collaboration
- Microsoft Excel and Word
- Organization

Equipment Requirements (must be able to effectively use):

Gibson Connect vehicles (including pick-up truck, bucket truck, and forklift), trailers, four-wheeler, radio, personal computer, 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, excel, GIS/mapping

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

Required:

- High school diploma or the equivalent
- Valid Tennessee Driver License
- Valid CPR/First-Aid Certificate

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 or more years of experience performing in-premise telecommunication installation and troubleshooting in-premise equipment and services



Installation Technician

- Skills and ability to splice any type of fiber cable to industry standard quality and effectively operate all fiber optic testing, troubleshooting and locating equipment.
- Skills and ability to install/maintain/remove in-premise fiber and fiber optic drops; splice any drop fiber in customer premise location utilizing 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.
- Ability to respond to duty calls any hour of the day or night, weekends or holidays, as well as in any kind of weather. Must perform on-call when assigned or arrange for on-call to be performed by another in same position. Must be accessible by telephone and respond to call-outs. Inability to respond to call-outs should be rare.
- Knowledge of all Gibson Connect safety regulations and have the ability to perform duties in a safe, efficient, proper and economical manner
- 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 effectively and professionally communicate in writing
- 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 professionally represent Gibson Connect and work on a one-to-one basis, as part of a team, and with groups



Installation Technician

Preferred:

- Three or more years of experience in telecom field, preferably performing in-premise telecommunications installation and troubleshooting in-premise equipment and services, as well as in fiber 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 an on-call fiber rotation if needed, including weekends, nights and holidays
- Respond immediately to 24-hour call-out and work overtime as needed, including weekends, nights, and holidays
- Primarily inside work, but some outside in inclement weather, including temperature extremes
- Work in non-conditioned areas of customer premises including crawl spaces and attics
- Drive throughout West Tennessee and West Kentucky
- Extensive travel throughout Gibson Connect's service area and some travel including some overnight and outside Gibson Connect's service area.

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: 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.

ALL APPLICANTS

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

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: To: | | | From: | |
| | | | | |
| | | | To: | |
| | Phone: | Supervisor: | | May we contact them? |
| From: To: | | | From: | |
| | | | | |
| | | | To: | |
| | Phone: | Supervisor: | | May we contact them? |
| From: To: | | | From: | |
| | | | | |
| | | | To: | |
| | Phone: | Supervisor: | | May we contact them? |
| From: To: | | | From: | |
| | | | | |
| | | | To: | |
| | Phone: | Supervisor: | | May we contact them? |

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 [†] 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 [†] 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 [†] 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 [†] 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 [†] 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.

[†]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 |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

EXPERIENCE AND QUALIFICATIONS – DRIVER

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST THREE YEARS

| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|-----------------|-------|-------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE (CHECK YES OR NO)

| CLASS OF EQUIPMENT | CIRCLE TYPE OF EQUIPMENT | DATES | | APPROX. NO. OF MILES (TOTAL) |
|---|--------------------------------|------------|----------|------------------------------|
| | | FROM (M/Y) | TO (M/Y) | |
| STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| TRACTOR-TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| TRACTOR-THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO | (VAN, TANK, FLAT, DUMP, REFER) | | | |
| MOTORCOACH-SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 7 passengers | ----- | | | |
| MOTORCOACH-SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO More than 15 passengers | ----- | | | |
| OTHER | | | | |

TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 C.F.R. §§ 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by all rules and regulations of Gibson Connect, LLC.

DRIVER’S CERTIFICATION

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ Signature _____ Date

NOTE: Pursuant to 49 C.F.R. § 391.21(c), an employer may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

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
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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.¹ 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
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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.

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.
-

GENDER

- Male
- Female
-

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.