

Caney Fork Electric Cooperative Job Description

Job Title: Laborer/Apprentice Lineman/Lineman
Department: Operations
Reports To: Working Foreman, Director of Operations
FLSA Status: Nonexempt

IMPORTANT

This is a progressive position. The applicant, if not already classified a lineman by a recognized organization, will be expected to complete the necessary correspondence courses, schools and on the job training to advance to that position. Caney Fork Electric reserves the right to fill this position with any of the above job classifications. This opening is located in the McMinnville, Warren County office.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.

Assist in the construction and repair of electrical distribution system.

Operate company vehicles and use on site as needed.

Read and understand company staking sheets and maps for construction purposes.

Clear right-of-way for line extensions.

Assist in operation of substations, regulators, and 3-phase breakers.

Participate in rotational on-call schedule to work outages or other after-hours duties.

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION and/or EXPERIENCE

High school diploma or general education degree (GED); or one to three months related experience and/or training; or equivalent combination of education and experience.

ADDITIONAL TRAINING REQUIRED

The applicant must attend or have attended and passed an employer sponsored pole climbing school.

RESIDENCY

Must reside within the CFEC service area to which position is assigned unless otherwise authorized by the Dept. Head and General Manager.

LANGUAGE SKILLS

Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence. Ability to speak effectively before groups of customers or employees of organization.

MATHEMATICAL SKILLS

Ability to calculate figures and amounts such as discounts, interest, commissions, proportions, percentages, area, circumference, and volume. Ability to apply concepts of basic algebra and geometry.

REASONING ABILITY

Ability to apply common sense understanding to carry out instructions furnished in written, oral, or diagram form.

PHYSICAL DEMANDS

While performing the duties of this job, the employee is regularly required to stand; walk; reach with hands and arms. Employee will also be required to climb, balance, stoop, kneel, crouch, crawl and walk on potentially rocky/icy/muddy and/or uneven ground. The employee must frequently lift and/or move up to 25 pounds and occasionally lift and/or move up to 100 pounds. Employee is required to use different types of company supplied equipment such as chainsaws, hot sticks, shovels, ropes and pullies. Employee is also required to talk and hear. Specific vision abilities required by this job include distance vision, peripheral vision and depth perception.

WORK ENVIRONMENT

While performing the duties of this Job, the employee is regularly exposed to high, precarious places and risk of electrical shock. The employee is frequently exposed to moving mechanical parts and outside weather conditions. The employee is occasionally exposed to explosions and vibration. The noise level in the work environment is usually loud. All work may be performed in the office and in the field.



APPLICATION FOR EMPLOYMENT CANEY FORK ELECTRIC COOPERATIVE, INC.

* An Equal Opportunity Employer *

Date: _____ Position(s) Applied For: _____

Instruction to the Applicant:

- Please print plainly or type.
- You must state the position for which you are applying. The Cooperative accepts applications for employment only for those positions for which openings are available or expected to be available. APPLICATIONS WHICH DO NOT STATE THE POSITION APPLIED FOR WILL NOT BE CONSIDERED.
- The Application must be dated above. APPLICATIONS WHICH ARE NOT DATED WILL NOT BE CONSIDERED. Your application will be considered active for a period of 6 months from the above date and thereafter retire to inactive status. YOUR APPLICATION MUST BE ACTIVE TO BE CONSIDERED FOR A POSITION WITH THE COOPERATIVE. After the 6 month period you may renew your application by completing a new APPLICATION FOR EMPLOYMENT.
- 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.

PERSONAL (Please print)

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone No. _____

List address for the
Past three (3) years:

| | |
|---------|-----------|
| Address | How long? |
| Address | How long? |
| Address | How long? |

Are you over 18 years of age? Yes No
(If NO, a work permit will be required.)

Do you have the legal right to work in the United States? Yes No
(If hired, verification will be required by law.)

How were you referred to us? _____

Have you worked for us before? Yes No If yes, please give dates _____

Have you ever been convicted of a felony? Yes No If yes, list convictions: (A conviction does not necessarily disqualify an applicant for the position being applied for.)

Have you ever been convicted of the theft of electricity or electric power whether a felony or misdemeanor?

Yes No If yes, list convictions:

Are you related, by blood or marriage, to any existing employee of the cooperative or to a present member of the Board of Directors. (A list of present employees and directors will be provided if necessary.) Yes No

If yes, state name and relationship _____

MILITARY SERVICE

| Branch of Service | From - To | Rank & Duties | Date Discharged |
|-------------------|-----------|---------------|-----------------|
|-------------------|-----------|---------------|-----------------|

EDUCATION

| Name & Location of School | Course of Study | Years Completed | Did You Graduate? |
|---------------------------|-----------------|-----------------|-------------------|
|---------------------------|-----------------|-----------------|-------------------|

Elementary

High School

College

Other

Indicate special qualifications or skills - _____

List any professional, trade, business or civic activities and offices held. (*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*)

PRIOR EMPLOYMENT (Start with most recent employer. Applicants completing Part II of this application must give at least three (3) years past employment information.)

Employer _____ Phone _____ From _____ To _____

Address _____ Position _____ Supervisor _____

Duties _____ Starting Wage _____ Final Wage _____

Reason for leaving _____

Employer _____ Phone _____ From _____ To _____

Address _____ Position _____ Supervisor _____

Duties _____ Starting Wage _____ Final Wage _____

Reason for leaving _____

Employer _____ Phone _____ From _____ To _____
Address _____ Position _____ Supervisor _____
Duties _____ Starting Wage _____ Final Wage _____
Reason for leaving _____

Are you employed at the present time? Yes No If hired, will you work overtime if required? Yes No

In what state or states do you possess a valid and current driver's license? _____

If an offer of employment is made to you, what date are you available to go to work? _____

What salary or wage would you require? _____

CERTIFICATION

(Please read carefully and understand what you are signing)

- I certify 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.
- I understand that in the event I am offered employment by the cooperative any misrepresentation or false statement contained in this application may be cause for dismissal.
- I give the cooperative, its employees or agents permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment.
- I hereby release the cooperative, its employees or agents from any possible damages which result from the disclosure of such information with or without prior written notice to me.
- I acknowledge that, if I have completed PART II of this application for a position requiring a commercial motor vehicle license, the information contained herein may be used and my prior employers may be contacted for the purpose of investigating my background as required by 49 CFR Part 391.23.
- I understand that if I am offered employment by the cooperative, I MUST CONSENT to be tested for the presence of controlled substances and alcohol by a URINE and/or breathalyzer test in accordance with cooperative policy. IF I REFUSE to consent to such testing in accordance with cooperative policy, any offer of employment WILL BE RESCINDED AND I WILL NO LONGER BE CONSIDERED FOR EMPLOYMENT BY THE COOPERATIVE.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE

Summary of interview: _____

Accepted for employment: Yes No Position: _____
Starting Rate \$ _____ per Hour Week Scheduled to start work on: ____/____/____.
Interviewed by: _____ Date: ____/____/____
Approved by: _____ Date: ____/____/____

Caney Fork Electric Cooperative, Inc.

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

Caney Fork 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 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.

Caney Fork 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, Caney Fork 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

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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.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
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

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 1/31/2020
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.

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.

Caney Fork Electric Cooperative, Inc.

Voluntary Self-Identification of Race, Ethnicity and Gender

Caney Fork Electric Cooperative, Inc. (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
-

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.