



## APPLICATION FOR EMPLOYMENT

We appreciate your interest in Great Lakes Energy. The following information is required to help us make the best possible placement within the Company. Please print and complete all portions of the application that pertain to you. Failure to complete all applicable information may disqualify you from consideration.

**Great Lakes Energy is an Equal Opportunity Employer and, in accordance with Federal, State and Local laws, considers all qualified applicants regardless of race, color, religion, gender (including pregnancy), national origin, age, height, weight, sexual orientation, political beliefs, marital or veteran status or any disability that does not prevent the individual from performing the essential functions of the position with or without reasonable accommodation.**

If mailing, please return to: Human Resources, Great Lakes Energy, P.O. Box 70, Boyne City, MI 49712

Position(s) applied for (be specific)			Date		
Type of employment desired (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			Salary Range Desired		
Which of the following worksites are you considering? (check all that apply) <input type="checkbox"/> Boyne City <input type="checkbox"/> Hart <input type="checkbox"/> Kalkaska <input type="checkbox"/> Newaygo <input type="checkbox"/> Petoskey <input type="checkbox"/> Reed City <input type="checkbox"/> Scottville <input type="checkbox"/> Waters <input type="checkbox"/> Wayland					
<b>Personal Data</b>					
Name (Last*, First, MI)					
*Is any additional information relative to a different name necessary to check your work record or references? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					
Mailing Address			Preferred Contact Number (    )		Alternate Contact Number (    )
City		State	Zip	Are you at least eighteen years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail Address (if available)			Can you provide proof of your eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How were you referred to the Company?					
Please list any relatives or friends currently employed with the Company and your relationship to them.					
Have you ever worked for the Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?					
If required for the position, do you have a valid Michigan's drivers' license? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
Will you generally work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you available and willing to work Saturdays, Sundays and/or holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If selected for employment, on what date can you start?			Are you willing to work after hours call-out duty and on-call assignments, including weekends and holidays, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever been convicted of a crime? Please disclose even if you believe the conviction no longer appears on your record.  Yes  No  
 If yes, please attach a separate document with full explanation including jurisdiction (state and county) where such conviction occurred.  
 Conviction of a crime is not an automatic bar to employment-all circumstances will be considered. However, failure to disclose a conviction will exclude you from further consideration.

Do you have any criminal charges pending against you?  Yes  No  
 If yes, please attach a separate document with full explanation.

Have you ever been convicted of a power (electricity) theft or power diversion?  Yes  No  
 If yes, please attach a separate document with full explanation including jurisdiction (state and county) where such conviction occurred.  
 Conviction of a crime is not an automatic bar to employment-all circumstances will be considered. However, failure to disclose a conviction will exclude you from further consideration.

### Education

Name and Location of School (City & State)	Circle Last Grade or Year Completed	Major/Field of Study	List Diploma or Degree
High School or GED	9   10   11   12		
	1   2   3   4		
	1   2   3   4		
	1   2   3   4		

### United States Military Service

Branch	Rank	Years Served	Date of Discharge

Please list relevant skills acquired during your service in the U.S. Military, if applicable.


List any training or special skills you have that are relevant to the position for which you are applying, such as: proficiency in software programs, journeyman certificates, self-employment experiences, licensing or self-improvement courses.


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, gender (including pregnancy), national origin, age, height, weight, marital or veteran status, disability, or political or union affiliations.


**Employment History** (List below last three employers, starting with the most recent. CDL applicants MUST include all positions held within the last 10 years. Additional space is available on page 5 of application.)

Present or Last Position Held	From Month/Year	To Month/Year	Ending Salary/Rate of Pay	
Name and Title of Supervisor		Supervisor Contact Number (      )		
Company Name		Type of Business		
Address	City	State	Zip	
Briefly describe your duties				
What were/are your reasons for leaving?				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:				
Next Previous Position Held	From Month/Year	To Month/Year	Ending Salary/Rate of Pay	
Name and Title of Supervisor		Supervisor Contact Number (      )		
Company Name		Type of Business		
Address	City	State	Zip	
Briefly describe your duties				
What were your reasons for leaving?				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:				
Next Previous Position Held	From Month/Year	To Month/Year	Ending Salary/Rate of Pay	
Name and Title of Supervisor		Supervisor Contact Number (      )		
Company Name		Type of Business		
Address	City	State	Zip	
Briefly describe your duties				
What were your reasons for leaving?				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:				
Please explain any gaps in employment:				

Are you eligible to obtain a Commercial Driver's License (CDL) A Classification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Do you currently have a CDL A Classification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Do you have any restrictions on your CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, which restriction code(s)?
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**Commercial Driver's License** (Complete ONLY if position for which you are applying requires a CDL.)  
**NON-CDL applicants, please skip to Personal References section on page 6.**

Accident record for past 3 years or more (attach sheet if more space is needed). If none, write "none".

Date	Nature of Accident (Head-on, rear-end, etc.)	Fatalities	Injuries	Hazardous Material Spill

Traffic convictions and forfeitures for the past 3 years (attach sheet if more space is needed) other than parking violations. If none, write "none".

Location	Date	Charge	Penalty

List all driver licenses held in the past 3 years

State	License No.	Type	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No If yes, please provide details:

Has any license (CDL or non), permit or privilege ever been suspended or revoked?  Yes  No If yes, please provide details:

Driving experience:

Class of Equipment (check yes or no)	Type of Equipment (circle)	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 (more than 8 passengers) <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer			
Motorcoach – School Bus (more than 15 passengers) <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer			
Other _____	Van, Tank, Flat, Dump, Refer			

List states operated in for last five years:

List special courses or training that will help you as a driver:

List any safe driving awards you have and who they are from:

List any trucking, transportation or other experience that may help in your work for this company:

List special equipment or technical materials you can work with (other than those already indicated):

## Additional Employment History (CDL applicants ONLY, continued from page 3.)

Present or Last Position Held	From Month/Year	To Month/Year	Ending Salary/Rate of Pay
Name and Title of Supervisor		Supervisor Contact Number (      )	
Company Name		Type of Business	
Address	City	State	Zip
Briefly describe your duties			
What were/are your reasons for leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			
Next Previous Position Held	From Month/Year	To Month/Year	Ending Salary/Rate of Pay
Name and Title of Supervisor		Supervisor Contact Number (      )	
Company Name		Type of Business	
Address	City	State	Zip
Briefly describe your duties			
What were your reasons for leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			
Next Previous Position Held	From Month/Year	To Month/Year	Ending Salary/Rate of Pay
Name and Title of Supervisor		Supervisor Contact Number (      )	
Company Name		Type of Business	
Address	City	State	Zip
Briefly describe your duties			
What were your reasons for leaving?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			

Personal References (List three references that are able to objectively evaluate your training/capabilities.)			
Name & Relationship to You	City	State	Contact Number (      )
Name & Relationship to You	City	State	Contact Number (      )
Name & Relationship to You	City	State	Contact Number (      )

### Acknowledgement

(Please read carefully and sign below.)

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that false or misleading statements or omissions from this application, or during the pre-employment process, may result in denial of employment or in discharge from employment at any time.

I also understand and agree to the following:

1. I understand that this application is not an offer or a contract of employment. I agree to conform to the rules, policies, regulations, terms and conditions of the Company and that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the Company 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 Chief Executive Officer of the Company.
2. I further understand that the Company may require a medical examination by a Company-designated physician (1) after I have received an offer of employment and prior to my commencement of employment duties; and (2) during the course of my employment as required by business necessity and for job-related purposes. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to random and/or reasonable suspicion tests to determine the presence of alcohol or drugs, and agree to the release of any such test results to appropriate Company personnel, and agree that if I refuse and/or fail such tests before commencing employment, my offer of employment will be revoked, or if I refuse and/or fail such tests after being employed, my employment will be terminated.
3. I understand that if offered employment I will be required to provide proof that I am a United States Citizen or alien lawfully authorized to work in the United States, within the time frame specified by the Company.
4. No offer of benefits which I may have discussed with a Company representative is binding. Any entitlement of benefits will be based only on the terms of any benefits plan.
5. The Company strongly discourages its employees from engaging in paid outside work or jobs. If offered employment, I understand that I must obtain prior approval from management before any outside employment or other paid work activity is undertaken. Furthermore, I understand that I am permitted to engage in outside work only under the restrictions and procedures of company policy.
6. I understand that this application will be considered active for a period of one (1) year from the date indicated below, after which it will be destroyed. If I have not heard from the Company at the conclusion of this one year period, it is my responsibility to complete a new application if I still wish to be considered for employment by the Company.
7. If offered employment, the Company has my permission to use, edit, alter, copy, exhibit, publish, copyright, license, or distribute my name, photographs, pictures, video or any like images, statements, testimonials and/or comments in a Company video, advertisement or marketing, Facebook page, Web content, commercial, public service announcement or other form of promotion or media now or later developed, edited, produced, published, promoted, and/or distributed by or for the Company ("Materials") to its employees, customers, prospective customers, and/or the general public. I understand that I will not receive any payment from the use of the Materials. I also release the Company, its officers, directors, and employees from any and all claims arising out of the use the Materials, including but not limited to, any and all claims any kind and payments arising under the laws of the United States and Michigan.

**I agree that any claim or lawsuit, including, but not limited to, claims or lawsuits arising under federal or state civil rights laws, relating to my employment and/or application for employment with Great Lakes Energy must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.**

In the event that I am offered and accept employment with the Company, the information contained herein will become merged with the employment offer and my signature below indicates my understanding of and agreement to the terms above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Disclosure and Authorization of Employment Applicant  
Regarding Procurement of Consumer Report**

In connection with your application for employment, we may procure, or cause to be procured, a consumer report or investigative consumer report on you as part of the process of considering your application to be an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report or investigative consumer report and a description in writing of your rights under the law.

A "consumer report" is a written or oral report or other communication prepared by a consumer reporting agency ("CRA") that may be a summary of your credit standing, credit capacity, credit worthiness, debts or check-writing experience, insurability, character, general reputation, personal characteristics or mode of living. An "investigative consumer report" is a report prepared by a CRA that may contain information on your character; general reputation; personal characteristics or mode of living obtained through any means, including personal interviews with your friends, neighbors, or associates, or with others with whom you are acquainted or who may have knowledge concerning any such items or information.

**Authorization Regarding Procurement  
Of Consumer Report**

By my signature below, I voluntarily and knowingly authorize, for employment purposes only, Great Lakes Energy Cooperative ("the Company"), to have a consumer reporting agency obtain a consumer report or an investigative consumer report about me, now or, should I become employed by the Company, at any time during employment. The information sought may include, but is not limited to, my background, references, character, past employment, education, credit, driving history, criminal, or police records, including those maintained by both public and private organizations, and all public records.

I voluntarily and knowingly release the Company and/or its agents and any person or entity that provides information pursuant to this authorization from any and all liabilities, claims, or causes of action in regards to the information obtained in the creation or compilation of a consumer report or investigative consumer report, except that such release shall not be implied to waive any rights I may have to correct errors or misstatements contained in the consumer report or investigative consumer report.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

_____		_____	
Full Name		Names Used Previously	
_____	_____	_____	_____
Present Address	City/State/Zip	County	How Long?
_____	_____	_____	_____
Former Address	City/State/Zip	County	How Long?
_____	_____-_____-_____-	_____	_____
Date of Birth	Social Security #	Driver's License #	State
_____		_____	
Authorization Signature		Date	

### Invitation to Self-Identify

Great Lakes Energy Cooperative is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. We are therefore requesting information about race and gender in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Submission of this information is voluntary and will be kept confidential. 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 Federal affirmative action regulations.

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

Position: \_\_\_\_\_

- MALE       FEMALE       I CHOOSE NOT TO SELF-IDENTIFY
- WHITE (not Hispanic or Latino)       BLACK or AFRICAN AMERICAN (not Hispanic or Latino)
- HISPANIC OR LATINO       ASIAN (not Hispanic or Latino)
- AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino)
- NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino)
- TWO or MORE RACES (not Hispanic or Latino)
- I CHOOSE NOT TO SELF-IDENTIFY

Great Lakes Energy Cooperative is also 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 veterans in the following classifications:

- 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](#).

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



## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020

### 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
- 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

Name: \_\_\_\_\_

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

### 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.

<sup>1</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.