



615 Highway 52 W. ▪ Velva, ND 58790-7417 701-338-2855
1225 Highway 2 Bypass E. ▪ Minot, ND 58701-7927 701-852-0406
Fax 701-624-0353 ▪ WATS 1-800-472-2141
E-mail: rec@verendrye.com ▪ Website: www.verendrye.com

Verendrye Electric Cooperative, Inc. Application Process

Required Items:

- **Part A, Employment Application**

Voluntary Items:

- **Part B, Pre-Offer Voluntary Self-Identification Information and Voluntary Self-Identification of Disability**

A Touchstone Energy® Cooperative 

This institution is an equal opportunity provider and employer.



Application for Employment

PART A

615 Highway 52 West
 Velva, ND 58790
 701-338-2855 or 1-800-472-2141
 An Equal Opportunity Employer

Attention: _____
 Position Applying for: _____
 Date: _____

PERSONAL	Last Name		First	MI	Social Security Number	
	Address				Home Phone	Cell Phone
	City		State	Zip Code	E-mail Address	
	Do you have a valid drivers license? Yes No State _____ Class _____				Drivers License No.	
	When will you be available for employment?				Will you accept temporary or part-time work? Yes No	
	What is your primary occupation, trade or profession?				Are you over the age of 18? Yes No	
	How did you hear of our organization and/or this position?				Are you legally entitled to work in the United States? Yes No	

EDUCATION	School	Name and Location of School	Course of Study/Degree	Dates Attended	Did you Graduate?
	Elementary		N/A	N/A	
	High		N/A	N/A	
	College				
	Other				
	List any educational honors, activities, achievements:				

SKILLS	Describe any other special skills, training or abilities you have such as: Typing, languages, computers, equipment operation, etc.

EMPLOYMENT HISTORY

Please give an accurate, complete full-time and part-time employment record. Start with your present or most recent employer

M O S T R E C E N T	Company Name	Telephone No.
	Address	Dates of Employment (state Month/Year) Start: End:
	Name and title of Supervisor	Salary or Wage (state per Hr/Wk/Mo/Yr) Start: End:
	State your job title and describe your work:	Reason for leaving?
		May we contact? Yes No

2	Company Name	Telephone No.
	Address	Dates of Employment (state Month/Year) Start: End:
	Name and title of Supervisor	Salary or Wage (state per Hr/Wk/Mo/Yr) Start: End:
	State your job title and describe your work:	Reason for leaving?
		May we contact? Yes No

3	Company Name	Telephone No.
	Address	Dates of Employment (state Month/Year) Start: End:
	Name and title of Supervisor	Salary or Wage (state per Hr/Wk/Mo/Yr) Start: End:
	State your job title and describe your work:	Reason for leaving?
		May we contact? Yes No

4	Company Name	Telephone No.
	Address	Dates of Employment (state Month/Year) Start: End:
	Name and title of Supervisor	Salary or Wage (state per Hr/Wk/Mo/Yr) Start: End:
	State your job title and describe your work:	Reason for leaving?
		May we contact? Yes No

5	Company Name	Telephone No.
	Address	Dates of Employment (state Month/Year) Start: End:
	Name and title of Supervisor	Salary or Wage (state per Hr/Wk/Mo/Yr) Start: End:
	State your job title and describe your work:	Reason for leaving?
		May we contact? Yes No

M I L I T A R Y	Complete this section if you served in the U.S. Military	Branch of Service
	Describe your duties or special training that relate to this application	Period of Active Duty (Month & Year)
		From: _____ To: _____
		Rank at Discharge
		Date of Final Discharge

P R O F E S S I O N A L	Describe your position, activities, and experience in any applicable professional or civic organizations: List information about any licenses you hold (State, number, date issued, date of expiration)

R E F E R E N C E S	List up to 3 personal references other than employers or relatives:		
	Name	Address & Phone No.	Business or Occupation

H E A L T H	Are there any positions or job duties for which you should not be considered? Explain
	Are there reasons why you cannot perform the functions associated with the position for which you are applying? Explain (Job descriptions and duties are available for your review)
	What is the date of your last physical examination?
	Are there reasons why you would not take a physical examination by a physician of our choice upon employment? Explain
State the names and addresses of persons to be notified in the case of accident or emergency:	

O T H E R	Describe any criminal convictions:
	State the names of any relatives who are directors, officers, or employees of this company:

R E M A R K S	Add any statements you feel may clarify or add to the questions in this application. Also add anything you feel may affect the consideration of this application.

R E S U M E	You may attach any additional resume information if you desire.
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S I G N A T U R E	<p>By typing or signing my name in the following box, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information.</p> <p>I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If employed, any misstatement or omission of fact on this application may result in my dismissal.</p> <p>I authorize you to investigate all statements in this application, including my credit and personal history, medical, education, employment, references, or driving records.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature</p>
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N O T E S	FOR OFFICE USE ONLY:

PART B
Verendrye Electric Cooperative, Inc.

EEO/AA
Pre-Offer Voluntary Self-Identification Information

Verendrye Electric Cooperative, Inc. is an EEO/Affirmative Action Employer

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran status, and all other characteristics protected by law. We also comply with all applicable laws including E.O. 11246 and the Vietnam Era Readjustment Assistance Act of 1974 governing employment practices and do not discriminate on the basis of any unlawful criteria. As a federal government contractor, we take affirmative action on behalf of protected veterans.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, which may apply, we invite you to complete this applicant data survey. Failure to provide information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position applying for

Date

APPLICANT INFORMATION

Name:

_____ Last

_____ First

_____ Middle

Address:

_____ Street

_____ City

_____ State

_____ ZIP

Home Phone:

Business phone/Cell phone:

ETHNICITY/RACE CATEGORIES

ETHNICITY/RACE: (identify **one or more** race categories)(definitions on the back)

- Hispanic or Latino or identify a race listed below
- White (not Hispanic or Latino) Black or African American (not Hispanic or Latino) Asian (not Hispanic or Latino)
- Native Hawaii or Other Pacific Islander (not Hispanic or Latino) American Indian or Alaska Native (not Hispanic or Latino) Two or more races (not Hispanic or Latino)
- Do not wish to identify

GENDER CATEGORIES

- Male Female Do Not Wish to Identify

Verendrye Electric Cooperative, Inc.

PROTECTED VETERAN CATEGORIES

Protected Veteran Not a Protected Veteran Do Not Wish to Identify

DEFINITIONS

ETHNICITY/RACE CATEGORY DESCRIPTIONS:

Hispanic or Latino includes a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.

White (not Hispanic or Latino) includes a person having origins in any of the original peoples of Europe, North Africa, or the Middle East, or North America.

Black or African American (not Hispanic or Latino) includes a person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) includes a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) includes a person have origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (not Hispanic or Latino) includes a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) includes a person who identifies with more than one of the above races.

PROTECTED VETERAN CATEGORY DESCRIPTIONS:

A disabled veteran includes any veteran of the U.S. military, ground, naval or air service who: (a) 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 Veteran Affairs, or (b) was discharged or released from active duty because of service-connected disability.

Active Duty Wartime or Campaign Badge Veteran includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.

Recently Separated Veteran includes 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.

Armed Forces Service Medal Veteran includes any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United State military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
 No, I do not have a disability and have not had one in the past
 I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire: