THE EMPIRE DISTRICT ELECTRIC COMPANY

AN INVESTOR-OWNED UTILITY, HEADQUARTERED IN JOPLIN, MISSOURI, PROVIDING ELECTRIC, GAS AND WATER SERVICES

It is to your advantage that you answer these questions carefully. The more we know about your past experience, your skills and your ambitions, THE BETTER WE CAN DETERMINE YOUR OPPORTUNITIES FOR EMPLOYMENT WITH EMPIRE. You may exclude any information indicative of age, sex, race, religion, color, national origin, or disability.

Empire is an Equal Opportunity Employer

PLEASE PRINT					
		Date)		
Name					
Address					
City					
State		Zi	p Code		
Business Telephone ()					
Cell Phone ()	E-mail Ad	dress			
Name and Number where message may be left, other than your home: ()					
How were you referred to us?	☐ Newspaper Ad	□ School	☐ On my own		
	☐ Co. Employee	☐ Agency	☐ Other		
Name of referral source:					
Type of employment desired:	☐ Full Time	☐ Part Time	☐ Temporary		
Location preference:					
Indicate the position for which you are applying:					

Please Note: This application form was designed for use by persons applying for various types of positions -- clerical, professional, technical and administrative. Please answer the questions to the best of your ability. All information will be treated confidentially.

	SKILLS					
Business	s software and equipment with which you are proficient:					
Other skills:						
Areas of	interests, talents and hobbies:					
Special I	Special honors or awards:					
	EDUCATIONAL DATA	A				
Schools	Please print complete name and address for each school listing	Major or Type of Courses	Graduate	Degree Received		
High School						
College						
Graduate School						
Other (Trade, Business, Corres.)						
	CONVICTION RECOR	D				
minor vic guilty ple sentence qualify y	u ever been convicted of a crime other than minor traffic violation plations.) Include any convictions by military trial. Include all disposes, pleas of no contest or nolo contendere, probations, and defender. Failure to admit may be cause for disqualification. Disclosure ou from employment consideration. Each offense will be evaluated seriousness in relationship to the job for which you are applying	sitions such as but red or suspended i of a criminal recor ted on its own with	not limited mpositions d will not n	to; convictions, of judgment or ecessarily dis-		
☐ Yes	□ No					
Offense 	Date of Conviction City, State	Sentence or Dispos	sition			

EMPLOYMENT HISTORY

List present or most recent employer first. Include all military service, except periods when you were on leave of absence from your job for 30 days or less to perform military service.

Employer			EMPL	OYE	D	Supervisor's Name
Address						
		Month -	То	Year	Your Job Title	
Telephone		.	Month		Year	
Your	Salary	Duties:				
Start	End					
Reason for	Leaving:					
	ntact this em	ployer? 🗅 Yes 🗅 No				
Employer			EMPL	OYE	D	Supervisor's Name
Address			Month		Year	Your Job Title
Telephone			Month	To 	Year	Tour Job Title
Your	Salary	Duties:	I WOTH		T eai	
Start	End					
Reason for	Leaving:					
Mav we cor	ntact this em	ployer?				
Employer			EMPL	OYE	D	Supervisor's Name
Address		Month		Year		
Telephone			То	rear	Your Job Title	
Your	Salary	Duties:	Month		Year	
	-	24100.				
Start	End					
Reason for	Leaving:					
TCa30II IOI	Leaving.					
-	ntact this em	ployer? ☐ Yes ☐ No	EMPL	OVE	_	
Employer			EWIPL	LOTE	ט	- Supervisor's Name
Address		Month	- – То	Year	Your Job Title	
Telephone		Month		Year		
Your	Salary	Duties:				
Start	End					
Reason for Leaving:						
May we contact this employer?						

GENERAL INFORMATION				
Are you a U.S. citizen or otherwise lawfully authorized to work in the United States? ☐ Yes ☐ No				
Are you 18 years of age or older? ☐ Yes ☐ No				
Have you previously applied for employment with Empire? □ Yes □ No If yes, when?				
Have you previously been employed by Empire? ☐ Yes ☐ No If yes, when?				
Are any of your relatives employed by Empire? Yes No If yes, please list name and relationship:				
Name Relationship				
Person to be notified in case of emergency:				
NameTelephone ()				
Address				
Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, accomplishments, special skills acquired in the military, etc.				
AGREEMENT (Please read the following statements carefully.) I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree that falsified or misleading information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if hired and discovered at a later date. Pursuant to the requirements of the Fair Credit Reporting Act, it is noted that as a part of our employment process, a background investigation may be made with respect to an applicant's criminal history, education, driving record, credit status, character, general reputation, personal characteristics, mode of living, and other information. I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide Empire with any relevant information that may be required to arrive at an employment decision. I release all parties from all liability for any damage that may result from such furnishing of information to Empire.				
(Signature) (Date)				
Return to: Empire District Electric Company, Attn: Human Resources, PO Box 127, Joplin, MO 64802 or upload at www.empiredistrict.com/careers.				

INTERVIEW RECORD

Confidential

THE EMPIRE DISTRICT ELECTRIC COMPANY Employee and Applicant EEO Data Survey (For EEO-1 Report and Affirmative Action Plan Applicant Flow Data)

To All Applicants and Employees:

Our company is subject to certain governmental recordkeeping/reporting requirements for the administration of civil rights and affirmative action laws. In order to comply with these laws, the employer invites applicants and employees to voluntarily self-identify their gender and race/ethnicity. Submission of this information is voluntary. Refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential. It may only be used in accordance with the provisions of applicable laws, including those that require the information to be summarized and reported to the federal, state, or local government for civil rights and affirmative action enforcement. Reported data will not identify any specific individual.

Α.	Gende	e <u>r</u> :
В.	Race/	Ethnicity:
Ch	eck <u>onl</u>	y one ethnic group below - <u>the one with which you most closely identify</u> .
1.		Hispanic or Latino. If you mark this box, skip to Section C, sign and date. Definition: A person of Cuban, Mexican, Puerto Rican, South or Central Mexican, or other Spanish culture or origin, regardless of race.
2.		White (Not Hispanic or Latino). Definition: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
3.		Black or African American (Not Hispanic or Latino). Definition: A person having origins in any of the black racial groups of Africa.
4.		Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino). Definition: A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
5.		Asian (Not Hispanic or Latino). Definition: 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 or Vietnam.
6.		American Indian or Alaska Native (Not Hispanic or Latino). Definition: A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
7.		Two or More Races (Not Hispanic or Latino). Definition: All persons who identify with more than one of the five immediately preceding groups listed above (that is, #2, #3, #4, #5, and #6).
C.	<u>Signa</u>	ture and Date
		Date:
Si	ignatur	

PRE-OFFER INVITATION TO SELF IDENTIFY

PROTECTED VETERANS

This employer 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 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).

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 the 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 o	classifications of Protected	Veteran listed above
[] I am not a Protected Veteran		
Print Name:Last	First	 Middle
Signature:	Date:	

Voluntary Self-Identification of Disability

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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. 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

- Cancer
- Diabetes
- Epilepsy
- Deafness
 Cerebral palsy
 - HIV/AIDS
 - Schizophrenia Missing limbs or
 - Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- 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:

	Your Name	Todav's Date
	I DON'T WISH TO ANSWER	
	NO, I DON'T HAVE A DISABILITY	
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YES, I HAVE A DISABILITY (or previously had a disability)

Voluntary Self-Identification of Disability

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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.

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.

¹ 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.