

# Idaho County Light & Power Cooperative Association, Inc.

PO Box 300 - 1065 Highway 13 - Grangeville, Idaho 83530-0300

Phone: (208) 983-1610



## APPLICATION FOR EMPLOYMENT

**We consider applicants for all positions without regard to race, color, religion sex, national origin, age, or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.**

**TYPE OR PRINT CLEARLY IN INK ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

P E R S O N A L	Last Name		First	Middle	Date
	Street Address				Home Telephone
	City, State, Zip				Business Telephone
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____				Email Address:
	Position Desired				Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what hours can you work? _____				If not, employment is subject to verification of age.
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other than English, what languages do you speak, read, or write fluently?				When will you be available to begin work? _____

E D U C A T I O N	School	Name and Location of School	Course of Study	Years Attended	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

List professional, trade, business or civic activities and offices held.  
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status:


# EMPLOYMENT

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

<b>1</b>	Company Name	Telephone (    )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Monthly pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>2</b>	Company Name	Telephone (    )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Monthly pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>3</b>	Company Name	Telephone (    )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Monthly pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>4</b>	Company Name	Telephone (    )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Monthly pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

If you need additional space, please continue on a separate sheet of paper.

<b>O T H E R</b>	<b>Special Skills and Qualifications</b> Summarize special job-related skills and qualifications acquired from employment or other experience.
	_____
	_____

We may contact the employers listed above unless you indicate those you do not want us to contact	<b>DO NOT CONTACT</b>
	Employer Number(s) _____ Reason _____

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, In what Branch?
	Describe any training received relevant to the position for which you are applying.	
	Discharge Status	
		Number of Years of Service

<b>GENERAL</b>	
Social Security Number	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Drivers License Number	Do you have a Commercial Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had your driver's license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, What Classification?
Current marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	How long at present address?
What was your previous address?	How long at previous address?
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, with what employers?	Have you ever been denied bonding? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a crime in the past ten years, including misdemeanors and summary offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, describe in full.	
Are you or your spouse related to an employee or board member of this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use this space, or attach a statement, to add any additional information you would like us to consider as part of your application.	
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<b>REFERENCES</b>
Give name, address and telephone number of three references who are not related to you and are not previous employers.
1. _____
2. _____
3. _____

I certify that information provided in this Application For Employment is true, correct, and complete. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons or corporations requesting or supplying such information. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

I hereby agree to submit to any drug or alcohol testing that may be required as part of Idaho County Light & Power Cooperative Association's policy on drug and alcohol testing, and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status, or if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

I understand if an offer of employment is made, a medical examination will be required before employment duties begin, and the offer may be conditioned on the results of such examination.

I understand that all entering employees in the same job category are subjected to such an examination (and / or inquiry) regardless of disability.

I understand, also, that I am required to abide by all rules, regulations, policies and bylaws of the employer.

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Signature of Applicant

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Date