

# Idaho County Light & Power Cooperative Association, Inc.

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

Phone: (208) 983-1610



## APPLICATION FOR EMPLOYMENT

ICL&P is an Equal Opportunity Employer - ICL&P does not discriminate against applicants or employees based on race, color, religion, gender (including pregnancy), age (40 or older), disability, genetic information or other protected class. If an applicant with a disability requires accommodation to apply for a position, please contact ICL&P for further assistance.

**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
	Are you available to work a minimum of a 40 hour week? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what hours can you work? _____				If not, employment is subject to verification of age.
	In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
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 _____

## MILITARY

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

## GENERAL

Social Security Number	
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?
	How long at present address?
What was your previous address?	How long at previous address?
Have you ever been bonded? If Yes, with what employers? <input type="checkbox"/> Yes <input type="checkbox"/> No	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	
Use this space, or attach a statement, to add any additional information you would like us to consider as part of your application.  _____  _____  _____  _____  _____  _____  _____  _____	

## REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers. 1. _____ 2. _____ 3. _____
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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.

If an offer of employment is made, I understand and agree to the following:

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 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