INLAND POWER AND LIGHT
APPLICATION FOR EMPLOYMENT

Inland Power and Light Company

Equal Opportunity / Affirmative Action Employer

The undersigned applicant requests and authorizes Inland Power & Light to verify information listed below.
All applicable fields are required.

Applicant Information:

Name:

Address:

Cell Phone:	**Email:**	**Date:**

Position Applying For:

Referral Source:

Have you ever applied for a position at Inland Power?
☐ No ☐ Yes If yes, when and what position: _____

Have you ever been employed at Inland Power?
☐ No ☐ Yes If yes, when and what position: _____

Do you have a relative employed or associated with Inland Power?
☐ No ☐ Yes If yes, name and relationship: _____

Do you have any conflict of interest with Inland Power that we should be aware of?
☐ No ☐ Yes If yes, description of the conflict: _____

Are you now, or do you expect to be engaged in any other business or employment?
☐ No ☐ Yes If yes, please explain: _____

Why are you interested in this position?

What skills, training and/or experience qualify you for this position?

Please return completed form to:
Inland Power & Light
PO Box A • Spokane, WA 99219-5000 **-or-** hr@inlandpower.com
(509) 747-7151
inlandpower.com

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Work History: List names of employers in consecutive order with the most recent employer listed first. Account for all periods of time including military service and volunteer work you wish to have considered as part of your qualifications. Explain periods of time not working. If self-employed, give firm name and supply business references.

Name of Most Recent and/or Current Employer	**Company Name:**	
	Address:	
	Type of Business:	**Telephone:**
	Title:	**Reason for Leaving:**
	Name of Supervisor:	**Supervisor Phone:**
	Employed: From: _____ To: _____ Month/Year Month/Year	
	Duties:	

Name of Previous Employer	**Company Name:**	
	Address:	
	Type of Business:	**Telephone:**
	Title:	**Reason for Leaving:**
	Name of Supervisor:	**Supervisor Phone:**
	Employed: From: _____ To: _____ Month/Year Month/Year	
	Duties:	

Name of Previous Employer	**Company Name:**	
	Address:	
	Type of Business:	**Telephone:**
	Title:	**Reason for Leaving:**
	Name of Supervisor:	**Supervisor Phone:**
	Employed: From: _____ To: _____ Month/Year Month/Year	
	Duties:	

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Education:

	Name of School	# of Years Completed	Degree (Yes or No)	Major Course of Study	Certifications
High School					
College/University					
Graduate School					
Trade, Business or Correspondence					

Other Special Skills:

Describe any other special job-related training (computer, etc.) that would support your qualifications:

List job-related licenses or certifications:

General:

In order to permit a check of your work and education records, should we be made aware of any other legal name you have used in the past?

☐ No ☐ Yes If yes, please specify other names and dates: _____

Have you ever been dismissed or forced to resign from employment?

☐ No ☐ Yes If yes, please explain: _____

Are you willing to work overtime if requested? ☐ No ☐ Yes

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References: Give three references, excluding relatives.

References	**Name:**	**Address:**
	Occupation:	**Phone:**
	Name:	**Address:**
	Occupation:	**Phone:**
	Name:	**Address:**
	Occupation:	**Phone:**

Applicant's Statement:

Inland Power & Light is an Equal Opportunity Employer and does not discriminate on the basis of race, age, gender, religion, national origin, color, sex, veteran status, sexual orientation, marital status or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on job-related factors. (Initial here _____)

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. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may result in my discharge if discovered at a later date. (Initial here _____)

I authorize a thorough investigation of my past employment and activities, including investigation of criminal history, employment history, educational background and credentials. I agree to cooperate in such investigation and release from all liability or responsibility all persons or corporations requesting or supplying such information. (Initial here _____)

I hereby agree to submit to any drug or alcohol testing that may be required as a condition of employment or continued employment 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. (Initial here _____)

I understand that my employment, if hired, is terminable-at-will, that I am not being employed for any specific time, that this application is not and is not intended to be a contract for continued employment, and that the employer or I may terminate my employment at any time with or without cause or notice. (Initial here _____)

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. (Initial here _____)

Name:		
SIGN HERE	**Signature of Applicant:**	**Date**

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