



INLAND POWER AND LIGHT

APPLICATION FOR EMPLOYMENT

Equal Opportunity / Affirmative Action Employer

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

For Official Use Only

Date Received:

All Materials Submitted:

No Yes

Applicant Information:

Name:

Address:

Cell Phone:

Home Phone:

Alt. Phone:

Date:

Email:

Position Applying For:

Referral Source?

Employment Agency School/College Newspaper Ad Employee Referral Walk-In Applicant Other: _____

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?

Return completed form to:

Inland Power & Light Company

PO Box A • Spokane, WA 99219-5000 • Phone (509) 747-7151 • Toll Free (800) 747-7151 •

hr@inlandpower.com • www.inlandpower.com •





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APPLICATION FOR EMPLOYMENT (PAGE 2)

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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APPLICATION FOR EMPLOYMENT (PAGE 3)

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:

May we contact your present employer?

No Yes If no, please specify reasons for not contacting: _____

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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APPLICATION FOR EMPLOYMENT (PAGE 4)

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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VOLUNTARY APPLICANT IDENTIFICATION

AFFIRMATIVE ACTION EMPLOYER REQUIREMENT

Name _____ Phone _____

Address _____

Job Applied for or your specific skill area: _____

Federal law requires us to ask for this information. Please sign and return this form even if you do not answer.

Its purpose is to ensure equal opportunity, and evaluate our good-faith recruiting efforts to attract ethnic minorities, women, veterans of the Vietnam era, and persons with disabilities. Hiring is based on qualifications. Quotas or preferences based on sex, race or ethnicity are prohibited by law.

We invite you to VOLUNTARILY identify yourself in the categories below, now or at any time in the future. You are not required to respond. If you decline, it will not subject you to adverse treatment. This is NOT part of your application file, it is confidential*, and will be used in conformance with the law.

1. GENDER: _____ Male _____ Female

2. ETHNIC AND RACIAL BACKGROUND (Please answer both a. and b.)

a. Hispanic or Latino? Yes No

b. Racial Background?

American Indian/Alaska Native

Asian, Asian American

Black, African American

Hawaiian/Pacific Islander

White/Caucasian

3. VETERAN STATUS

Vietnam Era Veteran - If you had 6 mo. active service, any of which was in Vietnam between February 28, 1961 and May 7, 1975, or between August 8, 1964 and May 7, 1975 in all other cases.

Special Disabled Veteran - If you are or would be entitled to compensation under the VA for disability of 30% or more, or over 10% if you have a serious employment handicap as determined by the VA, or were discharged or released because of a service-connected disability.

Other Eligible Veteran - If you served on active duty during a war or in a campaign for which a campaign badge is authorized, or served as a member of a reserve component under an order of active duty.)

4. DISABILITY STATUS

Disabled – If you have a physical, sensory or mental impairment which substantially limits one or more of your major life activities, have a record of or are regarded as having such impairment. It would also assist us if you would tell us about any special methods, skills or procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind. _____

Please Sign here: _____

Date _____

* Supervisors and managers may be informed about restrictions on the work duties of persons with disabilities or on facts needed for accommodations, first aid or emergency treatment. Gov't officials may also review this.

Company Use Only:

EEO-1 Occup

Category: _____

JOB

GROUP CODE: _____

If current opening, Job Applied For:

Ai rev 3/2000