

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.

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

INLAND POWER & LIGHT

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:

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 Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 07/31/2029

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
No, I do not have a disability and have not had one in the past
I do not want to answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire:

Voluntary Self-Identification of Veterans

Definitions

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 a 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), toll-free, at 1-866-4-USA-DOL.

Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

☐ I am not a veteran. (I did not serve in the military.)

☐ I belong to the following classifications of protected veterans (Choose all that apply):

☐ DISABLED VETERAN

☐ RECENTLY SEPARATED VETERAN

Military Discharge Date (MM/DD/YYYY):

☐ ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

☐ ARMED FORCES SERVICE MEDAL VETERAN

☐ I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

☐ I choose not to identify my veteran status.

Your Name / Z#

Today's Date

Voluntary Self-Identification of Veterans

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.