



APPLICATION FOR EMPLOYMENT

Oregon Trail Electric Consumers Cooperative, Inc. (OTECC) is an equal opportunity employer. Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.

PERSONAL				
Last Name	First	Middle	E-mail address	Date
Street address			Home telephone	
City, State, Zip			Business telephone	
Are you age 18 or over? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Have you been convicted of a felony as an adult in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", state charge and disposition. (A felony conviction will not necessarily bar you from consideration for employment.)				

EMPLOYMENT INFORMATION	
Position(s) applied for: (be specific) _____ OTECC will provide reasonable accommodation to enable an employee to perform the essential functions of his/her job if such accommodation does not create an undue hardship for OTECC.	
Please check schedule availability: <input type="checkbox"/> I am available and desire to work FULL-TIME and do not have restrictions on my hours and days. <input type="checkbox"/> I am available and desire to work PART-TIME (If less than 30 hours a week.) Date available: _____	
Referral Source: <input type="checkbox"/> Ad <input type="checkbox"/> Emp. agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> OTECC employee <input type="checkbox"/> Other _____	
Can you travel if required by job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list relatives employed by OTECC: _____	
Have you been previously employed by OTECC? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give dates: _____ to _____ and position title: _____ Why did you leave? _____	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION					
School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate? <input type="checkbox"/>	Degree or Diploma
Graduate				Yes	
				No	
College				Yes	
				No	
Business/ Trade/ Technical				Yes	
				No	
High school				Yes	
				No	

GENERAL INFORMATION	
Are you able to perform the essential functions of the position applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any additional information relative to change of name, use of assumed name, or nickname necessary to verify the information on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please list information,	

SUPPLEMENTAL INFORMATION (Indicate special training or skills such as equipment, tools, machinery or operation, office equipment, typing or shorthand speeds, languages, etc.)	

MILITARY	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 in which you are applying.	

EMPLOYMENT (Please give accurate, complete full-time employment record. Start with your present or most recent employer.)		
1	Company name	Telephone ()
	Address	Ending salary
		Employed (state month and year)
	Name of supervisor	From To
	State job title and describe your work	Reason for leaving

2	Company name	Telephone ()
	Address	Ending salary
		Employed (state month and year)
	Name of supervisor	From To
	State job title and describe your work	Reason for leaving
3	Company name	Telephone ()
	Address	Ending salary
		Employed (state month and year)
	Name of supervisor	From To
	State job title and describe your work	Reason for leaving
4	Company name	Telephone ()
	Address	Ending salary
		Employed (state month and year)
	Name of supervisor	From To
	State job title and describe your work	Reason for leaving

PERSONAL AND BUSINESS REFERENCES (Not related to you and not previous employers.)	
Name	Occupation
Address	Telephone
Name	Occupation
Address	Telephone
Name	Occupation
Address	Telephone



EMPLOYMENT POLICY STATEMENT

As an applicant for employment with OTECC it is important that you are aware that it's our desire, to maintain a drug- and alcohol-free work place. If hired, you may be required to undergo a physical examination, which will include x-rays and controlled substance (drugs) and alcohol screenings.

If you are hired by OTECC, the Immigration Reform and Control Act (IRCA) requires you to provide documents establishing your identity and your authorization to work in the U.S. within three days of your date of hire.

WAIVER

As a condition of, and in consideration of, processing my application for employment with OTECC, I agree to undergo a physical examination as outlined above, and I further agree that if I am employed by OTECC, OTECC may, at its discretion, require me to submit to a drug and alcohol screenings at any time while on the job during my employment. I further agree that a screening indicating the presence of a prohibited substance will constitute grounds for denial of employment, or if the procedure is administered following my employment by OTECC, the presence of any such substance will be sufficient cause for termination of employment with OTECC, as will be refusal on my part to submit to such examination when requested by OTECC. I further agree and consent to the release of all medical test results to the management of OTECC and expressly consent to the use of such information by OTECC to the extent necessary to establish a claim or defense in any controversy between OTECC and me. I hereby certify by my signature below that I have read and fully understand the terms of this waiver.

DATE

APPLICANT SIGNATURE

CERTIFICATION AND AUTHORIZATION

I certify, by my signature below, that all answers and responses given herein are true and complete to the best of my knowledge and authorize investigation of all answers and responses as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in this application, in any resume I may submit, or during an interview(s) may result in discharge from employment. In consideration of employment, I agree to conform to all OTECC rules and regulations as made known to me at time of employment and as may be promulgated from time to time thereafter and further understand that this application is not, nor intended to be, a contract of employment and my employment can be terminated, with or without cause and with or without notice, at any time, at the option of either OTECC or myself. I understand that no employee or representative of OTECC, other than the General Manager, has any authority to enter any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I authorize OTECC to obtain a motor vehicle record listing any driving violations and accidents during the past five years and to review my motor vehicle record on a regular basis thereafter while employed by OTECC.

I authorize the investigation of all matters which OTECC deems relevant to my qualifications for employment, including all statements contained in this application, and I release and hold harmless from all liability any persons or employers, their agents and employers, and any individuals connected with them, supplying such information and I also release and hold harmless OTECC from all liability which might result from making the investigation.

DATE

APPLICANT SIGNATURE

(NOTE: This application is not valid for employment consideration unless properly completed, signed and returned to:
OTECC, PO Box 226, Baker City, OR 97814

This application is not valid after 90 days.

Employment application, rev. 9/08

VOLUNTARY SURVEY

AFFIRMATIVE ACTION – NON DISCRIMINATION

Periodically OTECC may be required to file reports on the sex, ethnicity, disability, veteran and other protected status of employees.

This data is collected to enable OTECC to comply with Affirmative Action responsibilities and other legal requirements.

YOUR PARTICIPATION IN THIS SURVEY IS STRICTLY VOLUNTARY

Name		Social security number	
------	--	------------------------	--

Male Female White Hispanic American Indian / Alaskan Native
Asian / Pacific Islander Other