



# APPLICATION FOR EMPLOYMENT

Oregon Trail Electric Cooperative (OTEC) is an equal opportunity employer. Conditions of employment and how to apply 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?    YES    NO	

EMPLOYMENT INFORMATION	
Position(s) applied for: (be specific) OTEC 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 OTEC.	
Please check schedule availability: I am available and desire to work FULL-TIME and do not have restrictions on my hours and days. I am available and desire to work PART-TIME (Less than 30 hours a week.) Date available:	
Referral Source:    Ad    Emp. agency    Walk-in    Friend    Relative    OTEC employee    Other	
Can you travel if required by job?    Yes    No	Do you have a valid driver's license?    Yes    No
Please list relatives employed by OTEC:	
Have you been previously employed by OTEC?    Yes    No    Yes, give dates: _____ to _____ and position title: _____ Why did you leave?	
Are you currently employed?    Yes    No	May we contact your current employer?    Yes    No

EDUCATION						
School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?		Degree or Diploma
Graduate				Yes		
				No		
College				Yes		
				No		
Business/ Trade/ Technical				Yes		
				No		
High School				Yes		
				No		

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

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

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces?    Yes    No    If "yes", in what branch?
Describe any training received relevant to the position in which you are applying.	

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

As an applicant for employment with OTEC 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 OTEC, 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 OTEC, I agree to undergo a physical examination as outlined above, and I further agree that if I am employed by OTEC, OTEC 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 OTEC, the presence of any such substance will be sufficient cause for termination of employment with OTEC, as will be refusal on my part to submit to such examination when requested by OTEC. I further agree and consent to the release of all medical test results to the management of OTEC and expressly consent to the use of such information by OTEC to the extent necessary to establish a claim or defense in any controversy between OTEC 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 OTEC 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 OTEC or myself. I understand that no employee or representative of OTEC, 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 OTEC 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 OTEC.

I authorize the investigation of all matters which OTEC 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 OTEC from all liability which might result from making the investigation.

DATE

APPLICANT SIGNATURE

Return application with resume to Human Resources, PO Box 226, Baker City, OR 97814 or email to [HRTeam@otecc.com](mailto:HRTeam@otecc.com)

NOTE: This application is not valid for employment consideration unless properly completed and signed.

**This application is not valid after 90 days.**