



"We Care"

APPLICATION FOR EMPLOYMENT

Clearwater Power Company
 4230 Hatwai Road • PO Box 997
 Lewiston, Idaho 83501
 (208) 743-1501 (Office)
 (888) 743-1501 (Toll Free)
 (208) 746-3902 (Fax)

Clearwater Propane Company
 4230 Hatwai Road • PO Box 675
 Lewiston, Idaho 83501
 (208) 798-5220 (Office)
 (888) 798-5280 (Toll Free)
 (208) 798-5218 (Fax)



"We Care"

NOTE: Applicants are expected to fully complete the entire application, unless specifically noted otherwise.

PERSONAL INFORMATION

Last Name		First Name	Middle	Date
Street Address		Years & Months at this Address _____ yrs. _____ mos.		Personal Telephone
City, State, ZIP				Alternate Telephone
Mailing Address (if different from above)		City, State, ZIP		Pay Expected
Have you ever worked for Clearwater Power or Clearwater Propane? If yes, please list time period employed:		Yes	No	Are you over 18 years of age? Yes No
Position Desired		If not, employment is subject to verification of age.		
Are you available to work full-time? If not, what hours can you work?		Will you work overtime if asked? Yes No		
Are you legally eligible for employment in the United States?		When can you begin work?		

EDUCATION

Type of School	Name and Location of School	Course of Study	Did You Graduate?	Degree or Diploma
High School				
College				
Business/Trade/ Technical School				
Graduate School				

PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES

List Professional, Trade, Business or Civic Activities and Offices Held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disabilities or any other protected status.

SPECIAL SKILLS & QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

NOTE: The Department of Transportation requires that driver applications show all employment for the past three years and commercial driver employment for the seven years immediately preceding this three year period. FMCSR 391.21 (b) (10), (11)

EMPLOYMENT HISTORY (BEGINNING WITH MOST RECENT, INCLUDE ANY MILITARY EXPERIENCE)

Company Name	Telephone
Address	Dates of Employment:
Name of Supervisor	May We Contact this Person? Yes No
	Weekly or Monthly Pay: Starting _____ Final/Current _____
Job Title or Description of Work	Reason for Leaving:
Was this position designated as a safety sensitive function subject to the Federal Motor Carrier Safety Regulations (FMCSRs) and the alcohol and controlled substance testing required by 49 CFR Part 40?	Yes No

Company Name	Telephone
Address	Dates of Employment:
Name of Supervisor	May We Contact this Person? Yes No
	Weekly or Monthly Pay: Starting _____ Final/Current _____
Job Title or Description of Work	Reason for Leaving:
Was this position designated as a safety sensitive function subject to the Federal Motor Carrier Safety Regulations (FMCSRs) and the alcohol and controlled substance testing required by 49 CFR Part 40?	Yes No

Company Name	Telephone
Address	Dates of Employment:
Name of Supervisor	May We Contact this Person? Yes No
	Weekly or Monthly Pay: Starting _____ Final/Current _____
Job Title or Description of Work	Reason for Leaving:
Was this position designated as a safety sensitive function subject to the Federal Motor Carrier Safety Regulations (FMCSRs) and the alcohol and controlled substance testing required by 49 CFR Part 40?	Yes No

NOTE: The Department of Transportation requires that driver applications show all employment for the past three years and commercial driver employment for the seven years immediately preceding this three year period. FMCSR 391.21 (b) (10), (11)

EMPLOYMENT HISTORY [CONTINUED] (BEGINNING WITH MOST RECENT, INCLUDE ANY MILITARY EXPERIENCE)

Company Name		Telephone
Address		Employment Dates:
Name of Supervisor	May We Contact this Person? Yes No	Weekly or Monthly Pay: Starting _____ Final/Current _____
Job Title or Description of Work		Reason for Leaving:
Was this position designated as a safety sensitive function subject to the Federal Motor Carrier Safety Regulations (FMCSRs) and the alcohol and controlled substance testing required by 49 CFR Part 40?		Yes No

Company Name		Telephone
Address		Employment Dates:
Name of Supervisor	May We Contact this Person? Yes No	Weekly or Monthly Pay: Starting _____ Final/Current _____
Job Title or Description of Work		Reason for Leaving:
Was this position designated as a safety sensitive function subject to the Federal Motor Carrier Safety Regulations (FMCSRs) and the alcohol and controlled substance testing required by 49 CFR Part 40?		Yes No

Company Name		Telephone
Address		Employment Dates:
Name of Supervisor	May We Contact this Person? Yes No	Weekly or Monthly Pay: Starting _____ Final/Current _____
Job Title or Description of Work		Reason for Leaving:
Was this position designated as a safety sensitive function subject to the Federal Motor Carrier Safety Regulations (FMCSRs) and the alcohol and controlled substance testing required by 49 CFR Part 40?		Yes No

NOTE: This page is only for positions requiring a Commercial Driver's License (CDL) - All other applicants continue to page 5.

DRIVING EXPERIENCE & QUALIFICATION

Last Name	First Name	Date of Birth	Social Security Number
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Please list your previous *three years* of residency.

Street Address	City	State	ZIP
Street Address	City	State	ZIP
Street Address	City	State	ZIP

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

Provide Your driver's license number: _____ State: _____ Expiration Date: _____ Class of License: _____

Have you had your driver's license suspended or revoked? Yes No

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

DRIVING EXPERIENCE RECORD (FOR POSITIONS INVOLVING DRIVING A COMPANY VEHICLE)

Class of Equipment	Type of Equipment (Van, Flat, Tank, Etc.)	Dates	Apx. Number of Miles
Straight Truck			
Tractor & Semi-Trailer			
Tractor - Two Trailers			
Combination Truck >26K GW and Trailer >10K GW			
Other			

ACCIDENT RECORD FOR PAST THREE YEARS (ATTACH SHEET IF MORE SPACE NEEDED)

Date	Type of Accident (Head-on, Rear-end, etc.)	Type of Equipment	Number of Deaths?	Number of Injuries?	Did a Chemical Spill Occur?

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS - ATTACH SHEET IF NEEDED)

Date	Violation	Penalty	Location / State

REFERENCES (PLEASE PROVIDE THREE PROFESSIONAL REFERENCES, EXCLUDING PREVIOUS EMPLOYERS)

Name	Company
Address	City, State, ZIP
Telephone Number	

Name	Company
Address	City, State, ZIP
Telephone Number	

Name	Company
Address	City, State, ZIP
Telephone Number	

GENERAL INFORMATION

Are you now, or do you expect to be engaged in any other business or employment? If yes, please explain:

Have you ever been bonded? If yes, with which employers?	Yes	No	Denied?	Yes	No
Have you been convicted of a crime in the past ten years, including misdemeanors and summary offenses? If yes, please explain in full:			Yes		No
Are you or your spouse related to an employee or board member of Clearwater Power Company or Clearwater Propane Company?			Yes		No
Are you able to perform the job for which you are applying?	Yes	No			
Do you smoke?	Yes	No			
Have you been reprimanded or discharged by an employer for the use of intoxicating beverages, substance abuse, or drugs, prescription or non-prescription? (DOT Positions only)	Yes	No			

APPLICANT STATEMENT

I certify that the information I have provided in this Application for Employment is true, correct, and complete. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons or corporations requesting or supplying such information. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

I hereby agree to submit to any drug and or alcohol testing that may be required as part of Clearwater Power Company's and Clearwater Propane Company's policy on drug and alcohol testing, 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.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

I understand if an offer of employment is made, a medical examination, drug test, and background check will be required before employment duties begin, and the offer will be conditioned on the results of such examination and drug test.

I understand that all entering employees in the same job category are subjected to such a medical examination and drug test regardless of disability. I understand, also, that I am required to abide by all rules, regulations, policies and bylaws of the company.

I understand that Clearwater Power Company is the recipient of Federal financial assistance from the U.S. Department of Agriculture (USDA). The USDA prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.)

Applicant's Signature _____ Date _____