

EXPERIENCE IN:

Category	Years	Category	Years	Category	Years
Ground/Lawn Care		Typing (Speed)		Building Maintenance	
Carpentry		Engineering		Work Outdoors	
Auto Mechanic		Marketing		10 Key	
Janitor		Meter Reader		PC – Specify Type:	
Forklift		Accounting		Software Used:	
Computer Keyboarding		Customer Contact		Public Relations	

EDUCATION:

High School Attended	Location
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Grade Point Average	Honors and Awards
Organizations: Exclude any that may reveal sex, race, religion, national origin, ancestry, or other protected status:	

College Attending	Location
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate expected date of graduation.	
Type of Degree	Grade Point Average
Major	Minor
Will you be a continuing student in the fall next quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, will you be: <input type="checkbox"/> Full Time <input type="checkbox"/> Part time	
Standing in College: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Honors and Awards	
Organizations: Exclude any that may reveal sex, race, religion, national origin, ancestry, or other protected status:	

REFERENCES: (List a minimum of three)

Previous faculty, advisors, professors, supervisors preferred. **Do not list relatives.**

Full Name	Firm or Occupation	Home Address	Phone Number

Some of the positions for which you are applying require a valid driver's license or D.O.T. certification. Do you have:

Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Expiration Date
Current Medical Examiners Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Expiration Date

EMPLOYMENT HISTORY:

Employer/Company		Address	
City	State	Zip	
Starting Date and Title		Ending Date and Title	
Your Supervisor's Name		Phone Number	
Nature of Your Work			
Reason for Leaving			

Employer/Company		Address	
City	State	Zip	
Starting Date and Title		Ending Date and Title	
Your Supervisor's Name		Phone Number	
Nature of Your Work			
Reason for Leaving			

Employer/Company		Address	
City	State	Zip	
Starting Date and Title		Ending Date and Title	
Your Supervisor's Name		Phone Number	
Nature of Your Work			
Reason for Leaving			

ALL APPLICANTS COMPLETE SECTION BELOW:

Have you ever been disciplined for absenteeism? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances and indicate with which employer this occurred:

Have you been convicted of a felony in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: (may be relevant if job related, but does not bar you from employment)

APPLICANT'S STATEMENT:

IMPORTANT: Before signing, please check this application carefully for completeness and for agreement to the conditions described below. This application is not complete until the following statements have been read and the form is signed below.

1. **EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION:** I understand that AVISTA CORP. is committed to a program of Equal Opportunity and Affirmative Action in all its personnel practices. I agree to support the company's efforts in ensuring Equal origin, age, disability or veteran status. I further agree to abide by all other policies and regulations of this company.
2. **APPLICANT MISREPRESENTATION:** 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 understand that any falsified information or significant omissions will disqualify me from further consideration for employment and will also result in my dismissal if discovered at a later date.
3. **IMMIGRATION REFORM ACT:** I understand that according to the Immigration Reform and Control Act of 1986 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 United States. 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.
4. **REFERENCES AUTHORIZED:** 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 and corporations requesting or supplying such information.
5. **DRUG & ALCOHOL SCREENING POLICY:** Applicants entering or being placed after hire in positions regulated by the DOT will be subject to preemployment, random, post accident, reasonable suspicion, and follow-up drug and/or alcohol testing as well as other program components as required by law. I also agree to notify my supervisor of any criminal drug statute convictions in the work place within five days.
6. **EMPLOYMENT AT WILL:** I understand that my employment is terminable-at-will, that I am not being employed for any specified time, that this application is not, nor is it 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.
7. **REASONABLE ACCOMMODATION:** AVISTA CORP. will make reasonable accommodations to assist a qualified individual with a disability in completing the job application or interview process, and to perform the essential functions of a job whenever possible, where undue hardship would not be created for the company.
- *8. Avista Corp. strongly supports creating and sustaining a safe and healthy work environment for all its employees. Avista Corp. has a policy of hiring individuals who are non-smokers of tobacco products.

X

Signature of Applicant

Date

As an applicant or employee, I understand that I may report any suspected discrimination to the company's Human Resources Department, (509) 489-0500, 1411 E. Mission Avenue, Spokane, WA 99202.



An Equal Opportunity Employer

Voluntary Affirmative Action Information

In compliance with federal regulations, the company is required to gather and maintain statistics for use in completing its annual Affirmative Action Report. The information is voluntary, confidential, and will be filed separately from the application form. We appreciate your assistance in providing us with this information. Thank you very much.

Name: _____ Date: _____

Position Applied For: _____

Referral Source: _____

Gender: Male Female Birthday (Month/Date/Year) _____

Please mark one of the following categories (defined by governmental terms):

- BLACK** All persons having origins in any of the Black racial groups of Africa.
- HISPANIC** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture, regardless of race.
- ASIAN** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- NATIVE AMERICAN** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. **Meets Bureau of Indian Affairs definition standards.** _____
Tribal Affiliation
- WHITE** (Or not covered above).

Presence of a work restricting disability

If so, explain _____

Vietnam Era Veteran: Yes No (Served between 08/05/64 and 05/07/75)

Disabled Veteran: Yes No (Receives 30% military disability)