



## ORCAS POWER & LIGHT COOPERATIVE

183 Mt. Baker Road, Eastsound, WA, 98245  
(360) 376-3500 • Fax: (360) 376-3505 • www.opalco.com

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### APPLICATION FOR EMPLOYMENT

**Orcas Power and Light Cooperative (OPALCO)** is an equal opportunity employer and does not discriminate in employment because of race, color, creed, religion, sex, age, national origin, ancestry, physical or mental disabilities, on-the-job injuries, marital or veteran status, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

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#### GENERAL INFORMATION:

NAME \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

ADDRESS \_\_\_\_\_  
MAILING ADDRESS

CITY STATE ZIP

HOME PHONE \_\_\_\_\_

MESSAGE PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes  No

(NOTE: All successful applicants will be required to provide proof of identity and eligibility for employment.)

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#### TYPE OF WORK OR POSITION DESIRED:

I am applying for the following specific job: \_\_\_\_\_

And am seeking and available for the following employment status:

FULL-TIME  PART-TIME  RELIEF/ON-CALL  TEMPORARY

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**RELATIVES:**

Orcas Power and Light Cooperative Policy 4 *Employment of Relatives* precludes employment of relatives of current employees where one of the parties would have authority (or practical power) to supervise, appoint, remove, or discipline the other; one party would handle confidential material that creates improper or inappropriate access to that material by the other; one party would be responsible for auditing the work of the other; or other circumstances exist that might lead to potential conflict among the parties or conflict between the interest of one or both parties and the best interests of Orcas Power and Light Cooperative. Decisions regarding the foregoing shall be determined in the sole discretion of the general manager.

Do you have any relatives who are presently employed by Orcas Power and Light Cooperative? Yes  No

If yes, please state his/her name(s):

NAME

RELATIONSHIP

\_\_\_\_\_  
\_\_\_\_\_

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**CRIMINAL RECORD:**

Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.

Have you ever been CONVICTED of any crime other than traffic violations?

Yes  No  If Yes, give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DRIVING POSITIONS:**

Do you have a valid Driver's License: Yes  No

Have you been CONVICTED of any traffic violations in the last three years?

Yes  No  If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY/REFERENCES:

List below your four most recent employers beginning with the current or most recent. If less than four employers, use remaining spaces for personal references. If you need additional space, please continue on a separate sheet of paper.

**EMPLOYER 1:** \_\_\_\_\_ DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYER 2:** \_\_\_\_\_ DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYER 3:** \_\_\_\_\_ DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYER 4:** \_\_\_\_\_ DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you were employed under a maiden name or other name, please indicate that name and the corresponding employer by number (1, 2, 3, or 4) in the spaces below.

OTHER NAME: \_\_\_\_\_ EMPLOYER #S \_\_\_\_\_

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**QUALIFICATIONS:**

Please list any education, training or specialized experience you feel relates to the position(s) applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, military training, hobbies, etc.

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

DEGREES, ACHIEVEMENTS, EXPERIENCE OR TRAINING  
\_\_\_\_\_  
\_\_\_\_\_

DEGREES, ACHIEVEMENTS, EXPERIENCE OR TRAINING  
\_\_\_\_\_  
\_\_\_\_\_

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- I authorize Orcas Power and Light Cooperative to solicit information regarding my character, general reputation, previous employment and similar background information, to verify all information provided in my application, and to contact all references given on my application. I hereby waive any privilege I may have regarding this information and release all persons connected with any such request from all claims, liabilities and damages arising out of the furnishing of such information.
- I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omissions, as well as any misleading statements or omissions will be cause for denial of employment or immediate termination, regardless of when or how discovered.
- I understand that the consideration of my application by Orcas Power and Light Cooperative is not an offer of employment and that in the event I am hired, my employment and compensation may be terminated, with or without cause, and with or without notice, at any time. No personnel recruiter, interviewer or other representative of Orcas Power and Light Cooperative other than the General Manager has any authority to enter into any agreement for employment for a specified time, or to make any agreement contrary to the foregoing.
- Orcas Power and Light Cooperative is a drug and alcohol-free workplace. I understand that I may be required to submit to a pre-employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs. I agree to such examinations, inquiries and/or testing at Orcas Power and Light Cooperative's expense. I authorize release of the results to Orcas Power and Light Cooperative and their use to evaluate my suitability for employment. I also release Orcas Power and Light Cooperative from all liability arising out of or connected with any examinations, inquiries and/or testing.

I have read each of the above statement. I have also reviewed all of the information, the attachments and/or supporting documents I was provided in this application.    Yes     No

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE