SURPRISE VALLEY ELECTRIFICATION CORP.

800 West 12th Street • Alturas, CA 96101

APPLICATION FOR EMPLOYMENT

Notice: Applicant must read the following information carefully before filling out any of the questions in this form.

The Cooperative is an equal opportunity employer and does not discriminate in employment because of race, color, creed, religion, sex, age, national origin, marital status, non job-related qualifying disabilities, or veteran status.

Name:			
Last	First	Ν	liddle
Are you 18 years of age or older? Yes	_ No		
Have you ever been convicted of a felony?	Yes No	_	
Have you ever been convicted of a misdemeanor	? Yes No _		
If you are not a U.S. Citizen, does your VISA or which you have applied? YesNo		ermit you to perform	n the work for
Present Address:			
Street Alternate Address:	City	State	Zip
Street	City	State	Zip
Social Security No.:			
Telephone Number: () Area Code			
EMPLOYMENT DESIRED			
Position:	Date Available:		
Full Time Part Time	Temporary	Student	
Salary Desired	Referred by	a na ann an taoine adh ann ann ann	
Are you employed now? Yes No			
If so, may we contact your employer? Yes	No P	hone No.	
Have you ever applied to this company before?	Yes No	When	
What position did you apply for?			

EDUCATION & TRAINING (Please list all education and specialized experience which you feel relate to the position applied for and would help you in the performance of your job.)

	Name	Area of Study/Training	# of Years	Graduated? Yes/No Degree Received
High School				
College				
College				
Trade/Business				
Other				
Additional Work S				
Skills: Typing (W	PM) Shorthand	l (WPM) Other	- 	
		Source of the second	0-03678	

EMPLOYMENT RECORD (List below your last four employers, starting with present or most recent)

Date		a 1 (11)	
Month and Year	Name, Address & Phone of Employer	Salary/Wage	Position
From			
То			
From			
То			
From			
То			
From			
То			

REFERENCES (List three persons not related to you whom you have known for at least one year)

Name	Address	Home Phone	Yrs. Known

In the event the company is unable to contact you at the number listed on page one, how may we reach you?

Name

Address

Phone Number

VERIFICATIONS/SIGNATURE:

- 1. I authorize the investigation of all matters which the company deems relevant to my qualifications for employment, including all statements contained in this application, and I release from all liability any persons or employers supplying such information and I also release the Company from all liability which might result from making the investigation.
- 2. I understand and agree that I may be required to take a drug and alcohol screen as a condition of hire or continued employment. I agree to consent to take such tests at such times designated by the Company, and I agree to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such tests.
- 3. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts in this application or in any other required documents, as well as any misleading statements or omissions, will be cause for denial of employment or immediate termination, regardless of when or how discovered.
- 4. I understand that, if I am hired, I agree to conform to all existing and future Company rules and regulations. I also understand that, if I am hired, my employment is for no specific duration and that the Company reserves the right to change wages, hours and working conditions as deemed necessary.
- 5. I have read and reviewed the above statements and other information I provided on this application.

Yes_____ No _____

Date_____

Signature _____

This application becomes void after 60 days unless renewed by you.