




**West Oregon
Electric Cooperative, Inc.**

A Touchstone Energy® Cooperative 

715 Maple Street
P.O. Box 69
Vernonia, OR 97064
Telephone: (503) 429-3021 or (800) 777-1276
Fax: (503) 429-8440

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, nonjob-related qualifying disabilities, or veteran status.

Name: _____
Last First Middle

Are you 18 years of age or older? Yes _____ No _____

If you are not a U.S. Citizen, does your VISA or Immigration Status permit you to perform the work for which you have applied? Yes _____ No _____

Present Address: _____
Street City State Zip

Alternate Address: _____
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: _____

Are you employed now? Yes _____ No _____

If so, may we contact your employer? Yes _____ No _____ Phone No. _____

Have you ever applied to this company before? Yes _____ No _____ When _____

If yes, what position did you apply for? _____

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

Date Month & Year	Employer Name Address & Phone Number	Salary/ Wage	Position
From			
To			
From			
To			
From			
To			
From			
To			

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

Name	Nature of Relationship	Address	Phone Number	Years 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 to 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 statement and other information I provided on this application. Yes _____ No _____

Signature: _____ Date: _____

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