

100 E. Willow Ave.
P.O. Box 579
Saratoga, WY 82331



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EMPLOYMENT APPLICATION

Carbon Power & Light, Inc. (CP&L) places great emphasis on customer service, teamwork, problem solving, and innovation. We look for people who exemplify these qualities and are willing to work hard for our Member-Owners.

Carbon Power & Light, Inc. is an Equal Opportunity Employer: "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability (Not all prohibited bases apply to all programs.)

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-300.5(a) and 41 CFR 60-741.5(a), if applicable. These regulations prohibit discrimination against qualified protected veterans and qualified individuals with disabilities, and require affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified protected veterans and qualified individuals with disabilities."

To file a complaint of discrimination, write USDA, Director, Offices of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW. Washington DC 20250-9410, or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer."

This institution is operated under special use permit with the Medicine Bow Route National Forest.

Employment-At-Will: If hired, I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Carbon Power & Light, Inc. or myself.

Pre-Employment Drug and Alcohol Screenings: As an applicant for employment with Carbon Power & Light, it is important that you are aware that this facility is a drug and alcohol free work place. If hired, you may be required to undergo a drug and alcohol screening. Any individual who refuses to consent to pre-employment testing, or who produces positive test, will not be considered for employment.

Employment & Identity Verification: If you are hired by CP&L, you will be required to complete and sign Section 1 of the United States Citizenship and Immigration Services Form I-9.

Waiver: I agree that if I am employed by CP&L, CP&L may, at its discretion, require me to submit to a drug and alcohol screening at any time while on the job during my employment. I further agree that screening indicating the presence of a prohibited substance will constitute grounds for denial or employment, or if the procedure is administered following my employment by CP&L, the presence of any such substance will be sufficient cause for termination of employment with CP&L, as will be refusal on my part to submit to such examination when requested by CP&L. I further agree and consent to the release of all medical test results to CP&L and expressly consent to the use of such information by CP&L to the extent necessary to establish a claim of defense in any controversy between CP&L and me. I hereby certify by my signature below that I have read and fully understand the terms of this waiver.

APPLICANT'S SIGNATURE_____

DATE_____

PERSONAL				
Last Name	First	M.I.	E-mail address	Date
Mailing address			Home telephone	
City, State, Zip			Business telephone	
Previous address if less than 1 year at current address			Cell number	
City, State, Zip			Are you age 18 or over? Yes No	
Have you been convicted of a felony as an adult?			Yes	No

EMPLOYMENT INFORMATION	
Position(s) applied for: (please be specific)	
Annual Salary Desired:	Have you previously been employed with another cooperative? Yes No If yes, please state who:
Please check schedule availability: <div>I am available and desire to work FULL-TIME and do not have restrictions on my hours and days.</div> <div>I am available and desire to work PART-TIME</div>	
I am available to begin employment on: _____	
Can you travel if required by the job?	Yes No Do you have a valid driver's License Yes No
Are you currently employed?	Yes No Do you have a valid commercial driver's license Yes No
May we contact your current employer?	Yes No Do you have any relatives employed by CP&L or are on the Board of Directors? Yes No

EDUCATION						
School	Name & Location of School	Course of Study	No. of Years Completed	Did you Graduate?		Degree, Diploma or Certificate
Graduate				Yes		
				No		
College				Yes		
				No		
Business/Trade Technical				Yes		
				No		
High School				Yes		
				No		

GENERAL INFORMATION

Are you able to perform the essential functions of this position? Yes No

Is any additional information relative to change of name, use of assumed name, or nickname necessary to verify the information on this application?

Yes No If "yes", please list information below.

SUPPLEMENTAL INFORMATION (Indicate special training or skills such as equipment, tools, machinery or operations, office equipment, typing or shorthand speeds, languages, etc.)

MILITARY

Did you serve in the U.S. Armed Forces? Yes No If "yes", in what branch?

Describe any training received relevant to the position in which you are applying.

EMPLOYMENT (Please give accurate, complete full-time employment record. Start with your present or most recent employer.)

1	Company name	Telephone
	Mailing Address	Ending Salary
	City, State, Zip	Employment period (month/year)
	Name of Supervisor	
	Your job title and job description.	Reason for Leaving

EMPLOYMENT (Please give accurate, complete full-time employment record. Start with your present or most recent employer.)

2	Company name	Telephone
	Mailing Address	Ending Salary
	City, State, Zip	Employment period (month/year)
	Name of Supervisor	
	Your job title and job description.	Reason for Leaving

EMPLOYMENT (Please give accurate, complete full-time employment record. Start with your present or most recent employer.)

3	Company name	Telephone
	Mailing Address	Ending Salary
	City, State, Zip	Employment period (month/year)
	Name of Supervisor	
	Your job title and job description.	Reason for Leaving

EMPLOYMENT (Please give accurate, complete full-time employment record. Start with your present or most recent employer.)

4	Company name	Telephone
	Mailing Address	Ending Salary
	City, State, Zip	Employment period (month/year)
	Name of Supervisor	
	Your job title and job description.	Reason for Leaving

PROFESSIONAL REFERENCES (Do not list relatives)

Name	Occupation
Address	Telephone
Name	Occupation
Address	Telephone
Name	Occupation
Address	Telephone

AFFIDAVIT

I understand that this application will be reviewed, but nothing in this application or any other documents or in the employment evaluation process shall be construed as either an offer or contract of employment or an obligation on the part of Carbon Power & Light, Inc. to provide any benefit to me.

I hereby declare that my statements on this application and on my resume or documents provided by me to Carbon Power & Light, Inc., are true and correct to the best of my knowledge. I acknowledge and agree that providing any false information may result in a decision not to hire me, or if hired, may result in the termination of my employment. I also authorize investigation of these statements. This investigation may include employment history, reasons for leaving previous employers, criminal record, credit record, driving record, social security number investigation, and degree/certificate verification. I hereby release Carbon Power & Light, Inc. from all liability for any damages resulting from the information obtained. This application shall be considered active for a period of time not to exceed 90 days.

APPLICANT'S SIGNATURE _____ DATE _____

This application is not valid unless properly completed, signed and returned to: Carbon Power & Light, PO Box 579, Saratoga, WY 82331