

POST OFFICE BOX 151000 ELY, NEVADA 89315-1000

TELEPHONE (775)289-8981 TELEFAX (775)289-8987

PLEASE READ BEFORE COMPLETING EMPLOYMENT APPLICATION

Mt. Wheeler Power, Inc. is an Equal Opportunity Employer. Our objective is to maintain a continuing policy of non-discrimination in employment. You will be considered for employment based upon your qualifications for the position for which you have applied. No question in this application is intended to illicit information in violation of any federal, state or local law, nor will any information obtained in response to any questions be used in violation of such law.

- This application for employment must be filled out with no omissions.
- You must apply for a current available position.
- The job title must be placed in "Position Applied For" area on the application.
- Your application will be considered <u>only</u> for the position which you apply, therefore; you must complete another application each time you wish to apply for another available position.
- You must sign and date the Certification of Agreement on Page 6 of the application.
- You must submit a completed application AND resume by the stated deadline.
- If you have any questions, please contact the Human Resource Department at the above number.

MT. WHEELER POWER, INC.

Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

Positi	on App	olied For:				
Full Ti	ime	Part Time	Temporary	Summer Only	Salary Desired	
			<u>Gener</u>	al Information	<u>!</u>	
Name_					Social Security	<u></u>
Mailin	g Addre	ss				
		Street or Box	Number	City	State	Zip
Teleph	one: Ho	me		Work_		
•			ı have a valid driver' It. Wheeler Power, In	*	river's license is a job-re	elated requirement
•	of Dire	ectors of Mt Wh	neeler Power, Inc.? If u are related	yes, state the name(s	sent employee or a mem s), relationship(s) and po	esition held by the
•	Yesemploy		you ever been emplo	oyed by Mt. Wheele	er Power, Inc.? If yes, I	prove the dates of
•		arily disqualify	an applicant from en	nployment.) If yes, p	n the last 7 years? (Colease explain:	
•	Yes		u currently employed			
•	Yes	_No Are you	u currently on "lay-o	ff" status and subjec	et to recall?	

Applicant understands they may be subject to physical examination to determine whether there is any medical reason the applicant could not perform the duties of the position. Any job offer is contingent on applicant passing all requirements of a physical as well as not testing positive for alcohol or illegal drug use.

Employment History

Fill out the following completely. Begin with present position held or last job held and work back. Use the comments area at the end of each section to account for any gaps in your employment. Include the last three employers or fifteen (15) years of employment.

Company:		Pho	one:
Street or Box	City	State	Zip
EmployedFrom: MonthYea	ar To:	Month	Year
Start EarningsBase Wages \$	Overtime \$		Misc. \$
Final EarningsBase Wages \$	Overtime \$		Misc. \$
Please Explain Miscellaneous Earnings:			
Last Position Held/Job Duties:			
Name and Title of Supervisor:			
Reason for Leaving:			
which part(s) of this job and you like best:			
Why?			
May we contact this employer? (Please initial)	Yes	NoIf "NO,"	please explain
Comments:			

Company:	G!	Pho	one:
Street or BoxMonthYea	City	State	Zip
EmployedFrom: MonthYea	ar To:	Month	Year
Start EarningsBase Wages \$	Overtime \$		Misc. \$
Final EarningsBase Wages \$	Overtime \$		Misc. \$
Please Explain Miscellaneous Earnings:			
Last Position Held/Job Duties:			
Name and Title of Supervisor:			
Reason for Leaving:			
Which part(s) of this job did you like best?			
Why?			
Which part(s) of this job did you like least? Why?			
May we contact this employer? (Please initial)	Yes	NoIf "NO,"	please explain
Comments:			

Employment History

Fill out the following completely. Begin with present position held or last job held and work back. Use the comments area at the end of each section to account for any gaps in your employment. Include the last three employers or fifteen (15) years of employment.

****			D.		
Company:		C:4	Ph	one:	
Employed Evens Month	Voor	_City	State	Voor	_ Zīp
Street or Box	_1 (a)	Overtime \$		Hear	S
Final Earnings Base Wages \$		Overtime \$		— Misc.	\$
Please Explain Miscellaneous Earnings:					*
Last Position Held/Job Duties:					
Name and Title of Supervisor:					
Which part(s) of this job did you like best?					
Which part(s) of this job did you like least?					
May we contact this employer? (Please initial)		Yes	NoIf "NO,"	'please ex	plain
Comments:					
***** Company:			Ph	one:	
Street or Box Month EmployedFrom: Month Start EarningsBase Wages \$		City	State _		 Zip
EmployedFrom: Month	_Year	To:	Month	Year	
Start EarningsBase Wages \$		_ Overtime \$		Misc.	\$
Final EarningsBase Wages \$		_ Overtime \$		Misc.	\$
Please Explain Miscellaneous Earnings:					
Last Position Held/Job Duties:					
Name and Title of Supervisor:					
Which part(s) of this job did you like best?					
Which part(s) of this job did you like least? Why?					
May we contact this employer? (Please initial)		_ Yes	NoIf "NO,"	' please ex	plain
Comments:					

Additional Information

Please add any	additional information	ı you feel is relevant iı	n helping us consider	you for employment, other
qualifications, sp	oecialized skills, and/or	any job-related training	g received, in the Unite	ed States Military

Certification of Agreement

*** PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION. ***
If you have any questions regarding these statements, please ask before signing.

- 1. It is understood this application is not an obligation to provide employment. It is our policy that all persons interested in employment complete a written application for a position which has been advertised or posted. A resume alone is not sufficient to consider an individual as an applicant. Individuals will not be considered applicants if you exclude information, specifically: 1) the position applied for and the date, 2) information required by law including social security number and immigration status, 3) a complete employment history including the name of the employer, dates of employment, rate of pay and reason for leaving.
- 2. I certify that the answers given herein are true and complete to the best of my knowledge. It is understood and agreed that any exclusion of required information, misrepresentation or falsification by me in this application may be considered sufficient cause for cancellation of this application and/or termination of my employment, if hired.
- 3. I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this company is of an "at will" nature, which means that I may resign at any time and that the company may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by an authorized representative of the company. Furthermore, I understand that just as I am free to resign at any time, Mt. Wheeler Power, Inc. reserves the right to terminate my employment at any time, with or without cause or prior notice. I understand that no representative of Mt. Wheeler Power, Inc. has the authority to make any assurances to the contrary.
- 4. I authorize the thorough investigation of my work history and earnings, and verification of all data provided in my application for employment, related papers, or oral interviews. I authorize such investigation and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may disqualify my application or, if hired, may subject me to immediate termination.
- 5. Although management makes every effort to accommodate individual preferences, business may at times make the following conditions mandatory: overtime, or a work schedule that includes Saturday and Sunday. I understand and accept these as conditions of employment, if hired.
- 6. Per Cooperative Policy No. 5.3, I agree to sign a "Release of Medical Information" form. I agree to undergo a medical examination, if requested by the employer, which I must successfully pass before finally being accepted for employment and also agree that, in the event I shall be employed by Mt. Wheeler Power, Inc., I will agree to further medical examination when requested by Mt. Wheeler Power,

Inc. If hired, medical information is placed in the employee's secured confidential file.

- 7. I understand this application will be considered active for a period of 90 days from the date indicated below. I further understand that if I am not hired during that period, I must complete and execute a new application form to be considered for employment.
- 8. In the event that I am hired, I will abide by all of Mt. Wheeler Power, Inc. rules, regulations, policies and practices and understand that these may be changed from time to time at the discretion of Mt. Wheeler Power, Inc.

Signature of Applicant	Date	

Education and Training

School (City and State)	Circie	Last	Major/Field	List Diploma
school (City and State)	Grade	Completed	Of Study	or Degree
Last High School	9 10	11 12		
Jr. College/College/University	1 2	3 4		
Jr. College/College/University	1 2	3 4		
Γechnical/Vocational School	1 2	3 4		
Additional Training or Self-Imp	rovemen	t Classes		
		Perso	onal Data	_
	only U.S vide any	S. Citizens and employment	d lawfully authorized w verification mandated l	
vork the following: Work schedule including Saturo Overtime on: Saturday and/or S	lay and/o Sunday	or Sunday Yes N	Yes No. Holidays o. Holidays Yes	
work the following: Work schedule including Saturo Overtime on: Saturday and/or S Would you be willing to travel in	lay and/o Sunday _ f required	or Sunday Yes No	Yes No. Holidays o. Holidays Yes _ No.	No. Evenings: Yes No.
work the following: Work schedule including Saturo Overtime on: Saturday and/or S	lay and/o Sunday _ f required	or Sunday Yes No	Yes No. Holidays o. Holidays Yes _ No.	: Yes No. _No. Evenings: Yes No.
work the following: Work schedule including Saturo Overtime on: Saturday and/or S Would you be willing to travel in	lay and/o Sunday _ f required	or Sunday Yes No	Yes No. Holidays o. Holidays Yes No.	: Yes No. _No. Evenings: Yes No.
vork the following: Work schedule including Saturo Overtime on: Saturday and/or S Would you be willing to travel in When are you available to begin	day and/o Sunday _ f required work? _	or Sunday Yes Ned? Yes	Yes No. Holidays o. Holidays Yes No. erences	: Yes No. _No. Evenings: Yes No.
work the following: Work schedule including Saturo Overtime on: Saturday and/or S Would you be willing to travel in When are you available to begin	day and/o Sunday _ f required work? _	r Sunday Yes Nod? Yes Nod? Yes Ref	Yes No. Holidays o. Holidays Yes No. erences o objection to Mt. When	: Yes No. _ No. Evenings: Yes No.
work the following: Work schedule including Saturo Overtime on: Saturday and/or S Would you be willing to travel in When are you available to begin	day and/o Sunday _ f required work? _	r Sunday Yes Nod? Yes Nod? Yes Ref	Yes No. Holidays o. Holidays Yes No. erences o objection to Mt. When	: Yes No. _ No. Evenings: Yes No.
Vork the following: Work schedule including Saturd Overtime on: Saturday and/or S Would you be willing to travel in When are you available to begin Please list references to Name	day and/o Sunday _ f required work? _	r Sunday Yes Nod? Yes Nod? Yes Ref	Yes No. Holidays o. Holidays Yes No. Erences o objection to Mt. Whee	: Yes No No. Evenings: Yes No. eler Power, Inc. contacting.
work the following: Work schedule including Saturo Overtime on: Saturday and/or S Would you be willing to travel in When are you available to begin Please list references to Name	day and/o Sunday _ f required work? _	Pr Sunday Notes	Yes No. Holidays o. Holidays Yes No. Erences o objection to Mt. Whee	: Yes No No. Evenings: Yes No. eler Power, Inc. contacting.
work the following: Work schedule including Saturo Overtime on: Saturday and/or S Would you be willing to travel in When are you available to begin Please list references to 1. Name 2. Name	lay and/o Sunday _ f required work? _	Pr Sunday Notes	Yes No. Holidays o. Holidays Yes No. Perences o objection to Mt. When	: Yes No No. Evenings: Yes No. eler Power, Inc. contacting. Phone