

Tahoe City Public Utility District

P. O. Box 5249

Tahoe City, California 96145

(530) 583-3796/FAX 583-1475

APPLICATION FOR EMPLOYMENT

NOTICE TO JOB APPLICANTS:

Tahoe City Public Utility District subscribes to a drug-free workplace and accordingly has developed a Substance Abuse Policy. The Policy of Tahoe City Public Utility District includes pre-employment drug and substance abuse testing which requires a drug and alcohol test as a condition of employment. This drug and alcohol test will be given at the time you complete your pre-employment physical. Tahoe City Public Utility District will pay for the pre-employment physical and drug and alcohol test.

INSTRUCTIONS TO APPLICANTS:

1. Please print or type.
2. All applicants must complete all questions in this application.
3. The Supplemental Questionnaire shall be completed as appropriate for the position for which this application is submitted.
4. You may attach a resume or any additional information you would like to volunteer about yourself which would assist your employment possibility.
5. Return application to Tahoe City Public Utility District, 221 Fairway Drive, or mail to P.O. Box 5249, Tahoe City, CA 96145

PERSONAL DATA

Name: _____

Last

First

Middle

Present Mailing Address: _____

P.O. Box

City

State

Zip

Permanent Mailing Address: _____

(If different from above)

P.O. Box

City

State

Zip

Present Home Address: _____

Street Address

City

State

Zip

Telephone Numbers (Home) _____ (Work) _____

Cell Phone: _____ E-mail Address: _____

Position(s) Applied For: _____

Date This Application Was Completed: _____

TAHOE CITY PUBLIC UTILITY DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

BACKGROUND INFORMATION

1. Can you, after employment, submit verification of your permanent legal right to work in the United States?
_____ If no, state your current citizenship status in space below.

2. Have you served in the U.S. Military? _____ If yes, state relevant skills acquired during applicant's U.S. Military Service in space below.

3. Have you ever been convicted of a felony within the last 10 years, or a misdemeanor which resulted in imprisonment? _____ If yes, explain in space below. (The existence of a criminal record does not constitute an automatic bar to employment).

4. Do you have any relatives employed by the District? _____ If yes, state name of relative in space below.

5. Have you previously been employed by the District? _____ If yes, state dates and position held in space below.

Explanatory Information for Questions 1-6:

6. Social Security Number: SS# required upon receipt of conditional employment offer

7. Driver's License Number, Class, and State of Issuance:

8. Availability Date: _____

9. Minimum weekly hours acceptable: _____ hrs.

10. Indicate your hours of availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
All Year							
School Year							
Summer							

11. List three personal or professional references other than relatives who have first hand knowledge of your character and general ability.

	Name	Address	Phone	Profession
A.	_____			
B.	_____			
C.	_____			

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

	No. of Years	Name of School	City and State	Date Last Attended	Did you Graduate?	Major Course or Subject
Grammar School						
High School						
Vocation or Business School						
College						
University						
Other Courses of Study						
Current Courses						

List Degrees you possess _____

EMPLOYMENT EXPERIENCE - Please list all previous jobs within the last 10 years. Explain any lapses of time. Attach additional sheets if necessary.

Name and Address of Former Employers	Type of Business	Dates Employed		Name of Supervisor	Starting Salary	Final Salary	Reason for Leaving
		From	To				
		Mo	Yr	Mo	Yr		
<u>Present Employer</u>							
Name _____							
Address _____							
Phone No. _____							
Title and duties of position :							
Last Employer	Type of Business	Dates Employed		Name of Supervisor	Starting Salary	Final Salary	Reason for Leaving
		From	To				
		Mo	Yr	Mo	Yr		
Name _____							
Address _____							
Phone No. _____							
Title and duties of position :							
Second Last Employer	Type of Business	Dates Employed		Name of Supervisor	Starting Salary	Final Salary	Reason for Leaving
		From	To				
		Mo	Yr	Mo	Yr		
Name _____							
Address _____							
Phone No. _____							
Title and duties of position :							
Third Last Employer	Type of Business	Dates Employed		Name of Supervisor	Starting Salary	Final Salary	Reason for Leaving
		From	To				
		Mo	Yr	Mo	Yr		
Name _____							
Address _____							
Phone No. _____							
Title and duties of position :							

List any volunteer experience which may further qualify you for this position. (Include dates, name of agency, supervisor, etc.)

CERTIFICATION

I hereby certify that all statements made in this application are correct to the best of my knowledge and belief, and I hereby authorize the Tahoe City Public Utility District to investigate any information I have given herein, with the understanding that omission or misrepresentation of facts may be grounds for rejection of the application or dismissal. I further understand that I may be required to pass a medical examination and be fingerprinted at not cost to me prior to appointment to a position.

Date _____ Signature _____