

TILLAMOOK PEOPLE'S UTILITY DISTRICT

Application For Employment

EQUAL EMPLOYMENT OPPORTUNITY: It is our policy to seek and employ the best qualified personnel and to provide equal employment opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, on-the-job injuries, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of the District.

Position Applied For _____

Date of Application _____

Last Name _____

First Name _____

Middle Name _____

Address _____

City _____

State _____

Zip _____

Telephone Number (s) _____

Social Security Number: _____

Date Available for Work: _____

Are you 18 years of age or older?

Yes No

Have you ever worked for Tillamook PUD?

Yes No

May we contact your current employer?

Yes No

If you are hired, are you prepared to present evidence within three days of beginning work showing that you are legally authorized to work in the United States?

Yes No

CRIMINAL RECORD: *(Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered. Do not list any arrest, charge, detention or conviction that has been judicially expunged, sealed, impounded or eradicated.)*

Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail for any crime other than traffic violations?

Yes No

If yes, give details: _____

IMPORTANT: Applicants with disabilities may request any reasonable accommodation necessary to complete this application, or to take any test for the position for which the applicant has applied, by making a request at the time of application or testing.

QUALIFICATIONS

Please list any education, training, and/or specialized experience (such as schools; colleges; degrees; licenses; vocational, technical or military experience; hobbies; etc.) you feel would help you perform the work for which you are applying.

DEGREES, LICENSES, RELEVANT
EDUCATION OR TRAINING

WHERE DID YOU ACQUIRE IT? (Name/address of
school, program, military branch and specialty, etc.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Knowledge and Abilities Relevant to the Position Applied For (Please Include Bi-Lingual Abilities):

Driving Positions: (Answer only if driving is an essential part of the job.)

Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail, for any traffic violations in the past three years? Yes No

If yes, give details: _____

Specialized Skills: (Please check and/or list all that apply.)

<input type="checkbox"/> Personal Computer	<input type="checkbox"/> Microsoft Word
<input type="checkbox"/> Calculator	<input type="checkbox"/> Excel
<input type="checkbox"/> Keyboarding	<input type="checkbox"/> Access
Speed _____ WPM	<input type="checkbox"/> Power Point
<input type="checkbox"/> FAX	<input type="checkbox"/> Front Page

Do you have a CDL? Yes No

Other:

EMPLOYMENT EXPERIENCE

Start with your present position and work back in time. If you are currently unemployed, write "unemployed" in the section directly below. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability, or other protected status. Be sure to give an explanation of breaks in employment. **If you need additional space, please continue on the page titled "Additional Employment Experience"**.

Current Employer:
Address:
Telephone Number:
Job Title:
Supervisor:
Reason for Leaving:

Dates Employed From - To
Hourly Rate/Salary:
Starting:
Ending:

Work Performed:

Employer:
Address:
Telephone Number:
Job Title:
Supervisor:
Reason for Leaving:

Dates Employed From - To
Hourly Rate/Salary:
Starting:
Ending:

Work Performed:

Employer:
Address:
Telephone Number:
Job Title:
Supervisor:
Reason for Leaving:

Dates Employed From - To
Hourly Rate/Salary:
Starting:
Ending:

Work Performed:

Signature page on reverse.

VERIFICATION AND SIGNATURE

1. I authorize the investigation of all matters which the PUD deems relevant to my qualifications for employment, including all information given in this application and in any attachments, supporting documents or interviews. I authorize you to request and receive such information and I release from all liability any persons (such as current or former supervisors, coworkers, etc.), employers, or other entities (schools, etc.) supplying it. I also release you from all liability which may result from making the investigation.
2. I certify that all of the information given in this application and in any attachments, supporting documents or interviews is (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment, or immediate termination, regardless of when and how discovered.
3. I understand that I may be required to submit to pre- or post-employment physical and other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing at the PUD's expense. I authorize release of the results to the PUD and their use to evaluate my suitability for employment. I also release the PUD from all liability arising out of or connected with any examinations, inquiries and/or testing.
4. I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in a collective bargaining agreement or a written employment contract. I also understand that the PUD Board of Directors is the only body that will ever have the authority to agree to any other terms and/or to enter into such agreements or contracts and that all such agreements (collective bargaining agreements or agreements for other terms of employment) or contracts must be in writing and signed by both parties. I also understand that unless otherwise stated in a collective bargaining agreement or a written employment contract, the PUD may change, withdraw, and interpret other policies (including wages, hours, and working conditions) as it deems appropriate.
5. This application will only be considered active for the duration of the recruitment and selection period for the position I am applying for. Should another position open within 45 days of the closing date of the recruitment for which this application was submitted, I understand that the PUD will reactivate this application upon my written request. Otherwise, I understand that I must complete and submit a new employment application if I want to be considered for another opening.
6. I understand and agree that if I am hired, the statements in these paragraphs will become a binding part of my employment relationship. I have also reviewed all of the information provided in this application and in any attachments or supporting documents.

Yes No

Signature: _____

Date: _____

Unsigned or incomplete applications will not be processed.

ADDITIONAL EMPLOYMENT EXPERIENCE

Employer:	
Address:	
Telephone Number:	
Job Title:	
Supervisor:	
Reason for Leaving:	

Dates Employed From - To	
Hourly Rate/Salary:	
Starting:	
Ending:	

Work Performed:	

Employer:	
Address:	
Telephone Number:	
Job Title:	
Supervisor:	
Reason for Leaving:	

Dates Employed From - To	
Hourly Rate/Salary:	
Starting:	
Ending:	

Work Performed:	

Employer:	
Address:	
Telephone Number:	
Job Title:	
Supervisor:	
Reason for Leaving:	

Dates Employed From - To	
Hourly Rate/Salary:	
Starting:	
Ending:	

Work Performed:	