Chester Public Utility District

P.O. Box 503, Chester, CA 96020 251 Chester Airport Road Office:

(530) 258-2171

Fax:

(530) 258-2064

Application for Employment

Instructions: All applications for Chester Public Utility District (CPUD) positions must be submitted on this standard application form. A separate application must be submitted for each position. The application must be completed in sufficient detail to allow a comprehensive review and evaluation. Failure to complete the application in sufficient detail will disqualify the applicant from further review. Additional supporting information or resumes may be attached. It is the applicant's responsibility to notify CPUD of any change of address, name or other pertinent information. If you have any disabilities, which may require special testing arrangements please contact CPUD. Faxed applications may be submitted, however, a signed original application form is required before an interview will be scheduled.

Mailing Address	
Street City State	
	Zip Code
Home Phone: Other Phone:	
Social Security Number: CA Drivers License No.:	
Are you related to any Chester PUD Employee? Yes No (circle one)	
yes, name and relationship of Employee:	
Name Relation	onship

Date:			Name:			
Education: List all of you	r education that pert	ains to the requ	irements of the po	sition you are applying t	for (include co	onies).
Name of School	Location			Dates Attended Graduation/Cert		
	W-1			*****	·····	****
Experience: List below a employment. Explain gap separate sheets if necessar	s between employm	ent periods. Lis	st all jobs separate	ly. Be sure to list duties	of each posit	ent ion. Use
Dates Worked	Month	Day	Year	Monthly salary	No. Person	s Supervised
Beginning			***************************************			
Ending						
A d d			Reason t	for leaving (be specific):		
\$*************************************			May we	contact this employer?	Yes	No
Phone No.:			1	sor's Name:		
***************************************		·······	Phone	Number:		
Title and Duties:					***************************************	
D. W. I.						
Dates Worked Beginning	Month	Day	Year	Monthly salary	No. Persons	s Supervised
Ending			***************************************			
1./10411116			Reason f	or leaving (be specific):		
Employer:				or rearing (see specime).		
Address:						
Phone No.:			Supervi	May we contact this employer? Yes No Supervisor's Name:		
Title and Duties:			Phone	Number:		
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Position:

CPUD Employment Application

Date:			Name:		
Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised
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Ending					
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Address:					
Phone No.:		0000044-	May we contact this employer? Yes No Supervisor's Name: Phone Number:		
Title and Duties:					
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Ending					
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Position:

CPUD Employment Application

Date:			Name:		
Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised
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Ending					
Employer:			Reason	for leaving (be specific):	
**************************************			May we contact this employer? Yes Supervisor's Name: Phone Number:		
Title and Duties:			***************************************		
Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised
Beginning Beginning	IVIOHUI	l Day	I Cal	Withing Salary	ino. reisons supervised
Ending					
Employer:			Reason	for leaving (be specific):	<u> </u>
Phone No.:			May we contact this employer? Yes No Supervisor's Name: Phone Number:		
Title and Duties:			1 11011	C INUMBEL.	

Position:

CPUD Employment Application

CPUD Employment A	pplication Positi	ion:	
Date:		me:	
References: Please	e provide the names of three (3) persons no	t related to you, whom you have known at least on	ne year.
Name:		Phone:	
Address:		How long known?:	
City & State:			
Type of referenc	3:		
Name:		Phone:	
Address:		How long known?:	
City & State:			
Type of referenc	3 :		
Name:		Phone:	
Address:		How long known?:	
City & State:		***************************************	
Type of reference	2:		
		RSTAND AND ACCEPT THIS INFORM ATIO	ON
that failure to fully come consideration for employment of investigate, we references and former employment. If requests for illegal substances up that an offer of employment of the Coby either party, for any eligibility to work in the FIRST YEAR of regular	plete the form, or misrepresentation or omi yment, or termination after employment if yithout liability, all statements contained in imployers, without liability, to make full reserved, I agree to submit to a physical exam, cristion conditional offer of employment. I under the ent, if tendered, does NOT constitute a conclusive Public Utility District are at-will, and or no reason, other than a reason prohibited a United States, and to comply with compar	documents is accurate and complete. I understand ssion of facts, represents grounds for elimination f discovered at a later date. I authorize the Chester F this application and supporting materials. I author sponse to any inquiries in connection with this app minal and credit background investigation, and/or erstand that this document is NOT an offer of emp ntract for continued guaranteed employment. I under the employment relationship may be terminated by law. If employed, I will be required to furnish my and departmental regulations. I also understand od, during which I would not be eligible to apply for appeal.	Public Utility rize lication for screening loyment, and derstand that at any time proof of that the

Date: __

Signature: