## Chester Public Utility DistrictP.O. Box 503, Chester, CA 96020Office:(530) 258-2171251 Chester Airport RoadFax:(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.

Ime:   Last   First   Middle     ling   Street   City   State   Zip Co     ome Phone:   Other Phone:   Other Phone:
ling Street City State Zip Co
ress: Street City State Zip Co
ome Phone: Other Phone:
ocial Security Number: CA Drivers License No.:
re you related to any Chester PUD Employee? Yes No (circle one)
, name and relationship of Employee:
, name and relationship of Employee:

\_\_\_\_\_

Position:

Date:
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Name:\_\_\_\_\_

Name of School	ne of School Location		Dates Atter	nded Grad	Graduation/Certificate Date	
Experience: List below al	I present and past e	mployment F(	OR THE LAST 10 Y	/FARS beginning with	your most recent	
employment. Explain gaps separate sheets if necessary	between employm	ent periods. L	ist all jobs separate	ly. Be sure to list dutie	s of each position. Use	
Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised	
Beginning						
Ending						
Employer:			<u>Keason i</u>	<u>or leaving (be specific)</u>	-	
Address:			Maxwe	contact this employer?	Yes No	
Phone No.:			Supervisor's Name: Phone Number:			
itle and Duties:			Thom			
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Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised
Beginning					
Ending					
Employer:		· · ·	Reason fo	or leaving (be specific):	
Address:					
Phone No.:		_	May we contact this employer?   Yes   No     Supervisor's Name:		
Title and Duties:					
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CPUD Employment Application			Position:			
Date:			Name:	Name:		
Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised	
Beginning						
Ending			•••••••••••••••••••••••••••••••••••••••		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Employer:			Reason f	<u>or leaving (be specific)</u>	<u>.</u>	
Address:			May we	contact this employer?	Yes No	
Phone No.:				sor's Name:		
			Phone	e Number:	M	
Title and Duties:						

Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised		
Beginning							
Ending							
			Reason f	or leaving (be specific):			
Employer:							
Address:							
				contact this employer?			
Phone No.:			Supervisor's Name:				
			Phone				
Title and Duties:							

CPUD Employment App	lication		Position:		
Date:			Name:		
Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised
Beginning					
Ending					
			<u>Reason fa</u>	or leaving (be specific):	
Address:					
Phone No.:			Supervi	contact this employer? sor's Name:	
			Phone	Number:	
<u>Title and Duties:</u>					

Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised
Beginning					
Ending					
Employer:		•	Reason	for leaving (be specific):	
Address:			_		
				e contact this employer?	Yes No
Phone No.:				isor's Name:	
			Phon	e Number:	
Title and Duties:					

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CPUD Employment Application	Position:	
Date:	Name:	
References: Please provide the names	f three (3) persons not related to you, whom you have known at least one year.	
Name:	Phone:	
Address:	How long known?:	
City & State:		
Name:	Phone:	
Address:	How long known?:	
City & State:		
Name:	Phone:	
Address:	How long known?:	
City & State:		
Type of reference:		

## PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORM ATION

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize the Chester Public Utility District to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of the Chester Public Utility District are at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental regulations. I also understand that the FIRST YEAR of regular employment represents a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Signature: