FRAZIER PARK PUBLIC UTILITY DISTRICT

APPLICATION FOR EMPLOYMENT

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will help us potentially place you in a position that meets your objectives and those of the organization. Qualified applicants are considered for positions without regard to race, color, religious creed (all aspects of religious belief, observances and practices including religious dress and grooming practices), sex (pregnancy, breastfeeding, childbirth, and related medical conditions), national origin, ancestry, sexual orientation, age (over 40), marital status (including registered domestic partner status), gender identity, medical condition (as defined by law), mental disability, physical disability, except where physical fitness is a valid occupational qualification, or other status protected by State or Federal law, genetic information, gender expression, military and veteran status.

PERSONAL INFORMATION			APPLICATION DATE
LAST NAME	FIRSTNAME	MIDDLE INITIAL	TELEPHONE NUMBER
PRESENT ADDRESS CITY	STATE	ZIP	REFERRED BY
ARE YOU LESS THAN 18 YEARS OF AGE? ☐ YES ☐ NO	UPON OFFER OF EMPLOYMENT, VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES WILL BE REQUIRED.		HAVE YOU EVER USED ANOTHER NAME? ☐ YES ☐ NO
ENTER THE FOLLOWING DRIVER INFORMATION BELOW IF DRIVING IS REQUIRED FOR THE POSITION YOU ARE APPLYING FOR			
DRIVERS LICENSE NUMBER STATE	EXPIRATION DATE		DRIVING RECORD

EMPLOYMENT DESIRED		DATE AVAILABLE	SALARY DESIRED
POSITION DESIRED OR AREA OF INTEREST		HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE? ☐ YES ☐ NO	IF YES, GIVE DATE/POSITION APPLIED FOR
HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION BEFORE? ☐ YES ☐ NO	IF YES, GIVE DATES OF EMPLOYMENT	NAMES OF FRIENDS OR RELATIVES EMPLOYED BY THIS ORGANIZATION	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION? ☐ YES ☐ NO			
CAN YOU WORK OVERTIME? ☐ YES ☐ NO	ARE YOU CURRENTLY EMPLOYED? ☐ YES ☐ NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? ☐ YES ☐ NO	
COMMENTS			

EDUCATION/U.S. MILITARY SERVICE	PLEASE INDICATE ANY LANGUAGES, OTHER THAN ENGLISH THAT YOU: SPEAK _____ READ _____ WRITE _____		
SCHOOL LEVEL NAME AND LOCATION OF SCHOOL	MAJOR	UNITS COMPLETED AND GRADE AVERAGE	DEGREES AND/OR DIPLOMAS
HIGH SCHOOL			
COLLEGE			
COLLEGE			
OTHER			
PROFESSIONAL CERTIFICATES OR LICENSES HELD	ARE YOU PRESENTLY TAKING ANY EDUCATIONAL COURSE? ☐ YES ☐ NO IF YES, WHAT AND WHERE		
HAVE YOU EVER SERVED IN THE U.S. ARMED SERVICES? ☐ YES ☐ NO	IF YES, MILITARY DUTIES AND TRAINING		
PLEASE LIST JOB RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG – YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX OR AGE			

REFERENCES	PLEASE LIST THREE NON-RELATIVES WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES		
NAME AND ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN
1.			
2.			
3.			

EMPLOYMENT HISTORY

GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE, LISTING MOST RECENT EMPLOYMENT FIRST, INCLUDE EMPLOYED/SELF-EMPLOYED PERIODS AND PART-TIME OR SUMMER WORK

COMPANY NAME AND LOCATION	TELEPHONE	POSITION(S) HELD	DATES EMPLOYED	REASON FOR LEAVING	DESCRIPTION OF DUTIES
			START: END:		
TYPE OF BUSINESS:		NAME OF SUPERVISOR:			
COMPANY NAME AND LOCATION	TELEPHONE		START: END:		
TYPE OF BUSINESS:		NAME OF SUPERVISOR:			
COMPANY NAME AND LOCATION	TELEPHONE		START: END:		
TYPE OF BUSINESS:		NAME OF SUPERVISOR:			
COMPANY NAME AND LOCATION	TELEPHONE		START: END:		
TYPE OF BUSINESS:		NAME OF SUPERVISOR:			
MAY WE CONTACT THESE EMPLOYERS? ☐ YES ☐ NO		COMMENTS			

ACKNOWLEDGEMENT

1. I understand that if I am being considered for employment by this company, I will be required to submit to a post-offer physical and drug/alcohol testing (all of which will be paid for by this company) and to authorize the release of the physical examination and test results to this company. Applicants whose test results are positive (prohibited substances present) will not be eligible for further employment consideration.
2. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this Application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job extended to me may be withdrawn and, if employed, I may be subject to termination.
3. I understand this Application for Employment is not to be confused as a guarantee of employment for a specific time. I further understand that my employment with this company does not constitute any form of contract, implied or expressed, and such employment will be terminable at will either by myself or my employer upon notice of one party to the other. My continued employment is dependent on satisfactory performance and the continued need for my services as determined by this organization.
4. I grant my employer approval, after my termination of employment to release information which it may deem appropriate regarding my employment with or termination from the organization, to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by this organization to be inaccurate, this organization shall not incur legal liability of any nature in connection with the furnishing of such information.
5. I understand that my Application for Employment will be placed in an active status for a period of six months during which time it will be reviewed as job openings occur in my area(s) of job interest. I also understand that should I wish to continue being considered for job openings beyond the six month period, I must reapply by (a) submitting a new Application for Employment or by (b) submitting a letter requesting renewal of my Application and including an update of my qualifications (recent work history, educational achievements, etc.).
6. I acknowledge that I have read all of the above statements and that I understand them.

Applicant Signature _____ Date_____