

PUBLIC UTILITY DISTRICT NO. 1 of SKAMANIA COUNTY

Application for Employment



1492 Wind River Rd
P.O. Box 500
Carson, WA 98610
509 427-5126 1-800-922-5329
Fax (509) 427-8416

EQUAL OPPORTUNITY: In compliance with federal and state equal employment opportunity laws, all qualified applicants including disabled veterans and veterans of the Vietnam era will be considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or disability (if it can be reasonably accommodated).

DRUG-FREE WORKPLACE: A condition of employment is compliance with the PUD's policy establishing a drug-free workplace. This policy was established to provide employees with a safe, drug-free work place; promote high standards of employee health; carry out the responsibility of the PUD to serve the public safely and without undue interruption; and to comply with the Drug-Free Work Place Act of 1988. Employees shall be given a copy of this statement and shall be asked to sign a statement acknowledging its receipt, and their willingness to comply with it. In addition, all prospective employees are subject to a pre-employment physical examination, including a drug and alcohol screening.

Application Date		Name	
_____		(Last, First, Middle)	
Address			

Home Phone		Work Phone	
_____		_____	
Position Applying For		Are you at least 18 yrs of age?	Date You Can Begin Work
_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Working Schedule Desired	Are you employed now?	May we contact your current employer?	May we contact your previous employers?
<input type="checkbox"/> Full Time	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Part Time	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Temporary, Summer			
Are you related to any current PUD employee?		Name of Relative	
<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	
		Relationship	

Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Education			
Are you in school now?		Are you a high school graduate?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of school		_____	
Schools attended other than high school	Courses or major studies	Credits completed	Degrees/Certificates
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
Comments			

Legal Information			
Have you been convicted of a felony or released from prison within the last seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If yes, please describe in full below, including dates and locations of convictions.			

Employment History

Employer	Address		
Position Held	From (Mo/Yr)	To (Mo/Yr)	Salary
Immediate Supervisor		Phone	
Name, Title			
Duties and Responsibilities			
Reason for Leaving			

Employer	Address		
Position Held	From (Mo/Yr)	To (Mo/Yr)	Salary
Immediate Supervisor		Phone	
Name, Title			
Duties and Responsibilities			
Reason for Leaving			

Employer	Address		
Position Held	From (Mo/Yr)	To (Mo/Yr)	Salary
Immediate Supervisor		Phone	
Name, Title			
Duties and Responsibilities			
Reason for Leaving			

Skills/Experience

Indicate below job skills related to this position and equipment you can operate. List time spent in each area (years, months, weeks).

SKILLS	EXPERIENCE	TIME (Years, months)
Example: Computer Proficiency	Excel Spreadsheets, Word	4 years
		Journeyman Card (list specialty below)
		CARD NO.
	First Aid Card <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE
	Exp. Date	Exp. Date

Employment Supplement

Do You Have:	YES	NO	Do You Have:	YES	NO
High School diploma or GED?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted and/or forfeited bail in connection with an accident during the last seven (7) years? <input type="checkbox"/> <input type="checkbox"/> If your answer to either of the above was yes, explain: _____ _____ _____ Current defensive driving card? <input type="checkbox"/> <input type="checkbox"/> Air Brake endorsement? <input type="checkbox"/> <input type="checkbox"/> Hazardous materials endorsements? <input type="checkbox"/> <input type="checkbox"/> Are you able to work in confined spaces? <input type="checkbox"/> <input type="checkbox"/> Do you have heavy equipment experience? <input type="checkbox"/> <input type="checkbox"/> Do you have any computer experience? <input type="checkbox"/> <input type="checkbox"/> Are you physically capable of strenuous/demanding outdoor work? <input type="checkbox"/> <input type="checkbox"/> Please list any restrictions: _____ _____ _____		
Current first aid card?	<input type="checkbox"/>	<input type="checkbox"/>			
Current flagging card?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you have a valid Washington State driver's license?	<input type="checkbox"/>	<input type="checkbox"/>			
Can you operate a manual shift vehicle?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you have a combination/intermediate endorsement or a commercial driver's license CDL?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you have any department of motor vehicles imposed restrictions on your driving privileges?	<input type="checkbox"/>	<input type="checkbox"/>			
Number of moving (Traffic) violations in the past three (3) years:	<input type="checkbox"/>	<input type="checkbox"/>			
Have you been convicted of driving under the influence of alcohol, or a controlled substance during the last seven (7) years?	<input type="checkbox"/>	<input type="checkbox"/>			

CURRENT PROFESSIONAL REGISTRATION

State licensed in:	Current Registration Number:	Expiration Date:
Indicate any current licenses, special or certificates	No.	Type:

PROFESSIONAL REFERENCES

List three (3) **business/work** references (not personal friends) who are not related to you and are familiar with your qualifications whom we may contact for reference.

(1)Name	Telephone Number	Relationship
Address (City, State, Zip Code)		
(2)Name	Telephone Number	Relationship
Address (City, State, Zip Code)		
(3)Name	Telephone Number	Relationship
Address (City, State, Zip Code)		

HIRING AGREEMENT (IMPORTANT: BEFORE SIGNING, READ AND CHECK THIS APPLICATION CAREFULLY FOR COMPLETENESS.)

I hereby give Public Utility District No. 1 of Skamania County and their recruitment agent the right to make a thorough investigation of any present and/or past employment, education, and activities. I release from all liability all persons, companies, and corporations supplying such information. I indemnify and hold harmless Public Utility District No. 1 of Skamania County and their recruitment agent against any liability, which might result from making such investigation. I understand that any false answer or statements on this form or on other required documents may result in denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Public Utility District No. 1 of Skamania County and myself for any term of employment or employment benefit or procedure. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Public Utility District No. 1 of Skamania County unless made in writing. I further understand that no agent or representative other than the Manager of Public Utility District No. 1 of Skamania County has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I agree that should an offer of employment be extended to me, this offer will be contingent on passing a physical examination. I further agree to submit to a pre-employment drug screening and recognize that employment is contingent upon satisfactory results.

I recognize that this application will be considered for this opening for which I applied. If I wish to be considered for other employment, I will complete a new application

Signature: _____ Date: _____

A resume may be submitted to expand upon your qualifications, education, and work history. However, all questions on the application must be answered in order for you to be considered for employment.

LAST NAME _____

FIRST NAME _____

DATE _____

CONFIDENTIAL APPLICATION LOG

The Public Utility District No. 1 of Skamania County is required by federal law to gather and maintain statistical data on all applicants for employment. The District will use all questions appearing on this form for statistical purposes only. Your response is strictly voluntary. This form is to be separated from the application form and will not become a part of the pre-employment process and, if employed, it will not appear in your personal file.

It is the policy of the Public Utility District No. 1 of Skamania County to provide equal opportunity to all applicants for employment. Further, it is the District's policy not to discriminate in the recruitment, hiring, compensation, promotion, transfer, training, benefits, down grading, termination, lay-off, recall, education, tuition assistance, social and recreational programs of any person based upon race, religion, color, national origin, age, sex, marital status, creed, veteran status, sensory, mental or physical handicap (unless based upon a bona fide occupational qualification).

The following information is used for voluntary or affirmative actions efforts. We invite you to furnish the information on a voluntary basis. Your refusal to provide it WILL NOT subject you to any adverse treatment. This information will be kept confidential.

I DO NOT wish to answer any of these questions.

Today's Date		Name (Print or Type same as on Social Security Card)		Gender	Date of Birth		VETERAN STATUS
Month	Day	Year	Last	First	Middle	<input type="checkbox"/> M <input type="checkbox"/> F	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
							What era?
ETHNIC BACKGROUND							
<input type="checkbox"/> White (not of Hispanic origin); Persons having origins in any of the original people of Europe, North Africa, or the Middle East.							
<input type="checkbox"/> Black (not of Hispanic Origin); All persons having origins in any of the black racial groups of Africa.							
<input type="checkbox"/> Asian or Pacific Islander: All persons having origins of any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, the Philippine Islands, and Samoa.							
<input type="checkbox"/> American Indian or Alaskan Native: All persons having origins of any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.							
<input type="checkbox"/> Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.							
Check box if you need special disability related accommodations for interviews and testing IF SO, DESCRIBE: _____				Eligibility to Work			
This application is in response to which of the following:				5. Private Employment Agency: <input type="checkbox"/>			
1. Newspaper <input type="checkbox"/>				6. Walk In: <input type="checkbox"/>			
2. Trade Publication <input type="checkbox"/>				7. Other: (Specify) <input type="checkbox"/>			
3. Current PUD Employee: If so, Name:							
4. Washington State Employment Agency <input type="checkbox"/>							
POSITION APPLIED FOR:							
<input type="checkbox"/> Yes <input type="checkbox"/> No							