



| An Equal Opportu | unity Employer | | | |
|-----------------------|-------------------------------|--------------------------------------|--------|----------|
| Please Print | | | | |
| Date | Last Name | First Name | Middle | |
| Present Address | | | | |
| No. & Street | | City | State | Zip Code |
| Permanent Addres | ss (if different from presen | t address) | | |
| No. & Street | | City | State | Zip Code |
| Business Phone | Home Phone | Email Address | | |
| Employment De | sired | | | |
| Position applying | for: | | | |
| Are you applying t | for: | | | |
| Regular ful | l-time work? | | | Yes No |
| Regular pai | rt-time work? | | | Yes No |
| Temporary | work, e.g., summer or holida | y work? | | Yes No |
| What days and ho | urs are you available for w | ork? | | |
| If applying for tem | porary work, during what | period of time will you be available | ? | |
| From: | | To: | £1 | |
| Are you available for | work on weekends? | | | Yes No |
| Would you be availa | able to work overtime, if nec | essary? | | Yes No |
| If hired, what date | can you start work? | | | |

| Personal Information | | |
|---|--------------------|---------------|
| How did you hear about our company and this job opening? | | |
| | | |
| Have you ever applied to or worked for | before? | Yes No |
| If yes, when? | | |
| Why are you applying for work at June Lake Public Utility District | = = | ų. |
| If hired, would you have a reliable means of transportation to and from work? Are you at least 18 years old? (If under 18, hire is subject to verification that you are of | | No |
| minimum legal age.) | Yes | No |
| Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? | Yes | No |
| If no, describe the functions that cannot be performed. | | |
| | | |
| Y | | |
| 5 | | |
| (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for e | aligible applicant | s/employees+s |

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

| | Name and Address | | | No. of Years Completed | Did you Graduate? | Degree o Diploma |
|----------|------------------|-------|----------|---------------------------|----------------------|---------------------|
| h ool | | | | - | Yes No | |
| | Name | | | | | |
| | Address | | | | | |
| | City | State | Zip Code | _ | | |
| ege/ | * | | | | Yes No | |
| ersity | Name | | | | | |
| | Address | | | - | | |
| | City | State | Zip Code | _ | | |
| ıg | | | | <u></u> | Yes No | |
| _ | Name | | | | | |
| | Address | | | | | |
| | City | State | Zip Code | _ | | |
| | | | | - | Yes No | |
| ing | Name | | | | | |
| | Address | | | | | |
| | City | State | Zip Code | - | | |

| Answer the following | questions if γ | ou are apply | ring for a professional posi | tion: | | |
|---|--------------------|-----------------|---------------------------------------|----------------------|-------------------|--|
| Are you licensed/certified for the job applied for? | | | | | | |
| Name of license/cert | ification | | | lssuing sta | ate: | |
| License/certification | number: | | | | | |
| Has your license/certifica | ation ever been i | | pended? | Yes | No No | |
| If yes, state reason(s |), date of revoca | ation or susper | nsion, and date of reinstatem | ent. | | |
| Employment History | | | | | | |
| | | | with your most recent employ sume. | yer (last five year: | s is sufficient). | |
| Name of Employer | | | Phone Number | | | |
| ype of Business | | | Your Supervisor's Name | | | |
| Address & Street | | | City | State | Zip Code | |
| Dates of Employment: | | | | | | |
| | From | То | | | | |
| our Position and Duties | - | | | | | |
| Reason for Leaving | | | | | | |
| Current employer? | | | | | Yes No | |
| May we contact this emplo | oyer for a referen | ce? | | | Yes No | |
| Name of Employer | | , | Phone Number | | | |
| Type of Business | | | Your Supervisor's Name | | | |
| Address & Street | | | City | State | Zip Code | |
| Dates of Employment: | | | | | | |
| | From | То | | | | |
| Your Position and Duties | | | | | | |

| lama of Employer | | | Phone Number | | | |
|---|-------------------|-------|--------------------------------------|-------|---------|--|
| Name of Employer | | | Phone Number | | | |
| ype of Business | | | Your Supervisor's Name | | | |
| ddress & Street | | | City | State | Zip Cod | |
| ates of Employment: | | | | | | |
| | From | То | | | | |
| our Position and Duties | | | | | | |
| eason for Leaving | | | | | | |
| | lover for a refer | ence? | | D, | Yes 🗍 I | |
| , | , | | | | [| |
| | | | | | | |
| ame of Employer | | | Phone Number | | | |
| , | | | • | | | |
| ype of Business | | | Your Supervisor's Name | | | |
| | | | | | | |
| | | | | | | |
| ddress & Street | | | City | State | Zip Cod | |
| | | | City | State | Zip Cod | |
| | From | То | City | State | Zip Cod | |
| ddress & Street ates of Employment: | From | To | City | State | Zip Cod | |
| | From | To | City | State | Zip Cod | |
| | From | To | City | State | Zip Coo | |
| ates of Employment: | From | То | City | State | Zip Coc | |
| ates of Employment: | From | То | City | State | Zip Coc | |
| eason for Leaving | | | City | | | |
| our Position and Duties | | | | | | |
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| our Position and Duties eason for Leaving lay we contact this emp | | | | | | |
| eates of Employment: our Position and Duties eason for Leaving lay we contact this emp | | | Phone Number | | | |
| eates of Employment: our Position and Duties eason for Leaving lay we contact this emp | | | Phone Number | | | |
| eates of Employment: our Position and Duties eason for Leaving lay we contact this emp Jame of Employer | | | Phone Number Your Supervisor's Name | | Yes 🔲 | |

References List below three persons not related to you who have knowledge of your work performance within the last three years. First Name Last Name Phone Number Address & Street City State Zip Code Occupation No. of Years Acquainted First Name Last Name Phone Number Address & Street City State Zip Code Occupation No. of Years Acquainted First Name Last Name Phone Number Address & Street City State Zip Code Occupation No. of Years Acquainted

| | | I have not knowingly withheld any inform ment and that the answers given by me a | |
|----------|---|--|--|
| Initials | knowledge. I further I understand that an used to secure empl | r certify that I, the undersigned applicant, ny omission or misstatement of material fa | have personally completed this application. act on this application or on any document this application or for immediate discharge |
| | I hereby authorize | June Lake Public Utility District | to thoroughly investigate my |
| Initials | references, work red criminal background have listed to disclos work records, witho Company, my forme | cord, education and other matters related I information) unless otherwise specified se to the company any and all letters, rep ut giving me prior notice of such disclosu | rations, partnerships and associations from |
| Initials | granted or during m and the Company. Ir definite or determin option of either mys | y employment, if hired, is intended to cre an addition, I understand and agree that if able period and may be terminated at an self or the Company, and that no promises g on the company unless made in writing | |
| Initials | | | uired to verify identity and eligibility to work ent eligibility verification document form |
| | Owill consider qualific e and local "Fair Char | | minal histories, in a manner consistent |
| | | | |