



# TUOLUMNE UTILITIES DISTRICT

18885 NUGGET BLVD • SONORA, CA 95370  
(209) 532-5536 • Fax (209) 536-6485 • website: www.tudwater.com

## EMPLOYMENT APPLICATION

Please fill out completely. You may attach a resume.

*Tuolumne Utilities District considers applicants for all positions without regard to race, color, religion, creed, sex, national origin, ancestry, age, marital status, sexual orientation, veteran status, physical or mental disability, medical condition, or any other legally protected status.*

<b>PERSONAL</b>			
Last Name	First	Middle	Date of Application
Mailing Address	City	State	Zip Code
Home Phone	Business Phone	Cell Phone	E-mail address
POSITION APPLIED FOR: _____			
Departments at TUD: <input type="checkbox"/> Water Department <input type="checkbox"/> Wastewater <input type="checkbox"/> Construction & Maintenance <input type="checkbox"/> Water Distribution <input type="checkbox"/> Finance <input type="checkbox"/> Administration <input type="checkbox"/> Engineering			

<b>EDUCATION:</b> Are you a high school graduate?		GED or equivalent?		
Name Schools Attended	Location (Street Address, City & State)	Major	Did you Graduate?	Certificate/ Diploma/Degree
High School			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed	
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed	
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed	
Trade, Technical, Business School			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed	

<b>SPECIAL TRAINING, SKILLS AND QUALIFICATIONS</b>
Special License(s) and/or Certification(s) Special Training and Qualifications

Do not write in this space – for office use only
--

Last Name:

**EMPLOYMENT EXPERIENCE**

Start with your present or last job and account for time for at least the last ten years. Include any job-related military service assignment and volunteer activities.

1. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)	Salary	
		Starting	Current/Final
Reason(s) you left or your desire to leave this job			
Work Performed			

2. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)	Salary	
		Starting	Final
Reason(s) you left this job			
Work Performed			

3. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)	Salary	
		Starting	Final
Reason(s) you left this job			
Work Performed			

4. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)	Salary	
		Starting	Final
Reason(s) you left this job			
Work Performed			

If you need additional space, please continue on the next page. You may include a resume.

<p>Tuolumne Utilities District may contact employers listed above unless you indicate those you do not want contacted. →</p>	<b>DO NOT CONTACT</b>	
	Employer # (s)	Reason

Last Name:

**EMPLOYMENT EXPERIENCE continued**

5. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)	Salary	
		Starting	Current/Final
Reason(s) you left this job			
Work Performed			

6. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)	Salary	
		Starting	Final
Reason(s) you left this job			
Work Performed			

7. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)	Salary	
		Starting	Final
Reason(s) you left this job			
Work Performed			

8. Employer	Job Title	Dates Employed	
		From (mo/yr)	To (mo/yr)
Address			
Supervisor/Title	Telephone Number(s)	Salary	
		Starting	Final
Reason(s) you left this job			
Work Performed			

Last Name: \_\_\_\_\_

**ADDITIONAL INFORMATION**

How did you learn about this position at Tuolumne Utilities District?

- Advertisement  Name of Publication \_\_\_\_\_  
Internet  Name of Website \_\_\_\_\_  
Friend  Name of Friend \_\_\_\_\_  
Relative  Name of Relative \_\_\_\_\_  
Walk-In  \_\_\_\_\_  
Other  \_\_\_\_\_

Are you willing to work rotating shifts, weekends or holidays? Yes  No

Do you have a valid California driver's license? Yes  No   
Driver's License # \_\_\_\_\_  Class C

Do you have a Commercial Driver's License? Yes  No   
 Class A  Class B Endorsements: \_\_\_\_\_

Has your license been revoked or suspended in the past five years? Yes  No   
If yes, please explain

Have you ever been discharged or asked to resign from any position? Yes  No   
If yes, please explain

Have you been convicted of a crime (other than a misdemeanor traffic violation) within the last 7 years? *Note: A conviction will not necessarily disqualify applicant from the desired position.* Yes  No   
If yes, please explain

If you have a relative(s) or friend(s) working at TUD, please list their name(s):

**CERTIFICATION (Please read and complete)**

**The information provided in this application is true, correct, and complete. If employed, if misstatement or omission of fact on this application may result in my dismissal. My name or signature below certifies that I have read and understand this statement.**

**APPLICANT'S SIGNATURE**

**DATE**

# Tuolumne Utilities District

## EMPLOYEE RELATIONS NETWORK MEMBER

### APPLICANT CERTIFICATION AND AUTHORIZATION

I hereby give EMPLOYEE RELATIONS NETWORK MEMBER and EMPLOYEE RELATIONS, INC. the right to conduct an investigation of my background. I understand that the investigation may include inquiry into my past employment, education, and activities, including, but not limited to, credit, criminal background information and driving record, and I release from all liability all persons, companies, schools, and corporations supplying such information. I indemnify you against any liability which might result from making such investigation. Additionally, I agree that you may obtain an investigative consumer report, or other information, regarding me and may consult certain files which are available. I understand that, to the extent required by law, EMPLOYEE RELATIONS, INC. will retain the results of this investigation and a copy of my application for employment. I understand that any false answers, statements, implications, or derogatory information made by me or which is revealed as a result of this background investigation based on information supplied in any application for employment, or other required documents, may be considered sufficient cause for denial of employment or discharge.

I understand that you may contact my previous employers and I authorize those employers to disclose to you all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have, or may have, against my former employers, their agents, employees, and representatives, as well as other individuals who release information to you, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

Should an investigative consumer report be obtained from Employee Relations, Inc. in connection with my application for employment, I understand that I have the right to receive a copy of my report, free of charge, by checking the box below.

PLEASE PROVIDE ME A COPY OF ANY REPORT GENERATED ON ME AS A RESULT OF THIS APPLICATION FOR EMPLOYMENT

I have read and understand the Summary of Your Rights Under the Fair Credit Reporting Act and the Applicant Notification, a copy of which I acknowledge receiving, advising me that a comprehensive background investigation may be conducted, which may include inquiry into past employment, education, and activities, including but not limited to, credit, criminal background information, and my driving record.

APPLICANT'S NAME (PRINT): \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
DATE OF BIRTH INFORMATION IS COLLECTED FOR THE SOLE PURPOSE OF EXPEDITING YOUR BACKGROUND INVESTIGATION; IT IS NOT A FACTOR CONSIDERED IN THE EVALUATION OF YOUR APPLICATION FOR EMPLOYMENT.

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*APPLICANT'S SIGNATURE*

© 2006 EMPLOYEE RELATIONS, INC. ALL RIGHTS RESERVED