

North Tahoe Public Utility District Application for Employment An Equal Opportunity Employer

RETURN TO: NTPUD - HUMAN RESOURCES PO BOX 139 TAHOE VISTA, CA 96148 (530) 546-4212

EMPLOYM	ENT DESI	RED	Date Received:						
Position Applying For:									
Are You Ap	plying For:	Regular Full-Time W	Vork? () Yes () No Temporary/Seasonal Work? (Yes () No					
If Applying For Temporary/Seasonal Work: What days are you available for work?									
in applying 2 of 10 inportacy, both on the			During what period of time will you be available? From:						
			Are you available for work on weekends? () Yes () No						
Are You Under 18 Years of Age? () Yes () No									
PERSONAL INFORMATION									
Name:									
Last			First	Initial					
Address:			City:	State: Zip:					
Mailing Address Address:			City:	State: Zip:					
	hysical Addr	ess	City.	State Zip					
Telephone:									
	Home		Cell E-Mail						
EMPLOYMENT HISTORY									
Failure to complete this section may result in disqualification. A resume is not a substitute for completing the Employment History section. Substantial gaps in employment should be explained. List all jobs you have held in the past 10 years. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. Include military service. By being thorough you may improve									
your chances for employment. If you need more space you may attach additional sheets. You must include number of hours worked each week.									
From	То	Job Title & Duties:							
Mo/Yr	Mo/Yr								
Total Years:									
Employer's Name:		Employer's Name:		Reason For Leaving:					
FT or PT? Address:		Address:							
		Supervisor:							
		Phone Number:		May we contact this employer for a reference?					
F	т.	I-1 Tid- 0 Dedies		() Yes () No					
From	То	Job Title & Duties:							
Mo/Yr	Mo/Yr								
Total Years:									
"		Employer's Name:	Reason For Leaving:						
FT or PT?		Address:							
		Supervisor:							
		Phone Number:		May we contact this employer for a reference?					
From	То	Job Title & Duties:		() Yes () No					
Mo/Yr	Mo/Yr	The Contract Dates.							
1410/ 11	1410/ 11								
Total Years:									
Total Tears:		F 1 1 1							
DE DOS		Employer's Name:		Reason For Leaving:					
FT or PT?		Address:							
		Supervisor:							
		Phone Number:		May we contact this employer for a reference? () Yes () No					
From	То	Job Title & Duties:		() 100 () 110					
Mo/Yr	Mo/Yr								
Total Years:									
		Employer's Name:	Reason For Leaving:						
ET on DT9		Address:		Total Total Editing.					
FT or PT?									
		Supervisor:		M. Carlotte and Carlotte					
		Phone Number:		May we contact this employer for a reference?					

EDUCATION								
Do you have a high school diploma or G.E.D.? () Yes () No Name of	School:							
Do you have an AA/AS degree? () Yes () No								
Do you have a BA/BS degree? () Yes () No								
Do you have a post graduate degree? () Yes () No				_				
Name and Location of Colleges/Universities/Trade Schools (Not High School)	Course or Major	Hours or Units Completed	Did You Graduate?	Degree Received				
LICENSES/CERTIFICATIONS								
List Licenses or Professional Certifications/Registrations Relevant to This Position								
TYPE STATE	CLASS	NUME	BER	EXPIRATION DATE				
Has your license (contification even been revolved on supposed of	() No							
Has your license/certification ever been revoked or suspended? () Yes If yes, state reason(s), date of revocation or suspension, and date of reinstatements	nt.							
Do You Have a Valid Driver's License? () Yes () No								
A current DMV report showing an acceptable driving record will	be required after jo	b offer and pr	ior to employ	ment.				
OTHER PERSONAL INFORMATION								
Do you have any relatives working for the District? If yes, please	identify:							
Name: Department:								
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? () Yes () No								
	_	•						
Have you been given a copy of the Job Description which outlines the essential functions of the job for which you are applying? () 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.								
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Tr	-4-4i64b - Di-4-i-4	- 1-i ii C	·					
If you become a finalist for the position, do you have any objection to a represe background and qualifications? () No () Yes If yes, state reason:	ntative of the District m	naking inquiry of	your present er	mployer regarding your				
If now employed, why do you want to leave?								
if now employed, why do you want to leave.								
Please provide in this space: 1) Any additional information you would like to be	nave the District conside	er 2) Any substa	ntial gan in you	r employment history and				
further explanation to any "yes" response:	lave the District conside	or, 2) Arry substan	ntiai gap iii you	r employment history, and				
			() 01					
How did you hear about this job? () Newspaper () Emp	loyee	() Websi	te () Other_					
I HEREBY CERTIFY that the foregoing statements are true and accurate to the	hest of my knowledge	and belief Lagr	ee and understa	and that any misstatement				
I HEREBY CERTIFY that the foregoing statements are true and accurate to the best of my knowledge and belief. I agree and understand that any misstatement of material fact contained in this application may cause me to forfeit all rights to employment with the District. Employment offer may be contingent on passing								
a job-related physical examination, drug test, and fingerprint background check				- •				
Signature		Da	ate					

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