

FERRY COUNTY PUBLIC UTILITY DISTRICT

P.O. Box 1039 Republic, WA 99166
509/ 775-3325

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

TODAY'S DATE

M.I.

FIRST NAME

LAST NAME

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 (40-70), MARITAL STATUS, OR THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP.

NAME (Last, First, Middle Initial)	
ADDRESS (Street, City, State, Zip Code)	PHONE
OTHER NAME(S) BY WHICH YOU ARE KNOWN BY REFERENCES OR UNDER WHICH SCHOOL OR EMPLOYMENT RECORDS ARE KEPT	(Home)
	(Work)

HAVE YOU BEEN EMPLOYED HERE BEFORE? YES NO

IF RELATED TO ANYONE NOW EMPLOYED BY THE DISTRICT, STATE NAME AND RELATIONSHIP _____

REFERRED BY _____

EMPLOYMENT DESIRED

POSITION _____ NUMBER OF YEARS EXPERIENCE IN THIS WORK _____

DATE AVAILABLE FOR WORK _____ SALARY EXPECTED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER _____

LIST ACTIVITIES OR COMMITMENTS THAT MAY INTERFERE WITH ATTENDANCE REQUIREMENTS _____

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL (City and State)	MAJOR	DEGREES	CIRCLE LAST YEAR COMPLETED	LAST YEAR ATTENDED
HIGH SCHOOL			GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED	9 10 11 12	19____
COLLEGE			Grade Point Average _____	1 2 3 4	19____
GRADUATE SCHOOL				1 2 3 4	19____
APPRENTICESHIP TRADE OR BUSINESS SCHOOL			CERTIFICATE OR LICENSE	1 2 3 4	19____

DESCRIBE ANY OTHER RELEVANT TRAINING OR EXPERIENCE YOU WISH CONSIDERED

NOTE: COMPLETE APPROPRIATE SECTION RELEVANT TO JOB APPLIED FOR.

CLERICAL SKILLS

- TYPING, WPM _____ RECEPTION OFFICE MACHINES CASHIERING CRT/COMPUTER ACCOUNTING
 SHORTHAND, WPM _____ SWITCHBOARD WORD PROCESSING 10 KEY ENGLISH COMP. CUSTOMER CONTACT

ANY ADDITIONAL INFORMATION YOU FEEL IS IMPORTANT:

MACHINERY AND EQUIPMENT

CHECK EACH ONE YOU HAVE SKILLFULLY OPERATED:

- BUCKET/LADDER TRUCKS BACKHOE/FRONT END LOADERS GRINDING
 DIGGER/DERRICK TRUCKS TRENCHERS MACHINIST EQUIPMENT
 OVERHEAD MOBILE CRANES OTHER _____ WELDER: GAS ELEC. MIG TIG
 HEAVY DUTY TRUCKS _____ OTHER _____
 FORK LIFT _____ ELECTRIC/ELECTRONIC CALIBRATION EQUIPMENT

SHOP, MATH, OR SCIENCE COURSES

CHECK EACH ONE YOU HAVE SUCCESSFULLY COMPLETED; ADD OTHERS:

- AUTO/DIESEL HYDRAULICS ALGEBRA MACHINISTS SURVEYING
 BLUEPRINT/SCHEMATICS ELECTRICITY, BASIC SHOP MATH CARPENTRY DRAFTING
 DIGITAL ELECTRONICS ELECTRONICS, BASIC TRIGONOMETRY WELDING; MIG/TIG OTHER _____
 _____ _____ _____ ENGINEERING

DRIVER'S INFORMATION*

- DO YOU HAVE A VALID VEHICLE DRIVER'S LICENSE? YES NO
 CAN YOU OPERATE A MANUAL SHIFT VEHICLE? YES NO DRIVER'S LICENSE NUMBER _____
 DO YOU HAVE A COMBINATION LICENSE? YES NO STATE OF ISSUANCE _____
 DO YOU HAVE ANY DEPARTMENT OF MOTOR VEHICLES' IMPOSED RESTRICTIONS ON YOUR DRIVING PRIVILEGES? YES NO
 NUMBER OF MOVING VIOLATIONS IN THE PAST 3 YEARS: _____ EXPIRATION DATE _____
 HAVE YOU BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE OF ALCOHOL OR A CONTROLLED SUBSTANCE DURING THE LAST 7 YEARS? YES NO
 HAVE YOU EVER BEEN CONVICTED AND/OR FORFEITED BAIL IN CONNECTION WITH AN ACCIDENT DURING THE LAST 7 YEARS? YES NO
 IF YOUR ANSWER TO EITHER OF THE ABOVE WAS YES, EXPLAIN BELOW:

DATE: _____ PLACE: _____ VIOLATION: _____

DISPOSITION OF CITATION	AMOUNT	AMOUNT SUSPENDED	AMOUNT PAID	WAS YOUR LICENSE: <input type="checkbox"/> SUSPENDED <input type="checkbox"/> PLACED ON PROBATION <input type="checkbox"/> REVOKED <input type="checkbox"/> NONE OF THE ABOVE
	FINED: \$ _____	\$ _____	\$ _____	

EXPLAIN CIRCUMSTANCES REGARDING THE ABOVE:

*More than three (3) moving violations in the past three (3) years may preclude you from being considered for positions requiring use of licensed vehicles. In addition, proof of your driving record at the time of employment (presentation of Department of Motor Vehicles' report) may be required.

HAVE YOU BEEN CONVICTED OF A VIOLATION OF THE LAW (OTHER THAN PARKING VIOLATIONS) OR RELEASED FROM PRISON WITHIN THE LAST 7 YEARS? YES NO
 IF YES, DESCRIBE IN FULL, INCLUDING DATE(S): (Existence of a conviction record will not necessarily bar you from employment.)

EMPLOYMENT HISTORY

LIST POSITION HELD BEGINNING WITH CURRENT OR MOST RECENT POSITION. (Use additional sheet to complete information if necessary.)

WE CONDUCT REFERENCE CHECKS DIRECTLY FROM THIS INFORMATION

NOTE: IF YOU HAVE EVER BEEN EMPLOYED BY A TEMPORARY AGENCY OR HIRED OUT OF A UNION, YOU MAY LIST THE EMPLOYER/ORGANIZATION AND NEED NOT INCLUDE EACH SHORT-TERM ASSIGNMENT.

EMPLOYED		FIRM'S NAME	ADDRESS	CITY/STATE/ZIP
FROM	TO			
MONTH	MONTH	IMMEDIATE SUPERVISOR'S NAME AND TITLE		
YEAR	YEAR	BEGINNING JOB TITLE/SALARY	ENDING JOB TITLE/SALARY	
DUTIES AND RESPONSIBILITIES				
BEGINNING		ENDING		
WHAT DID YOU LIKE MOST ABOUT THIS JOB?			REASON(S) FOR LEAVING?	

EMPLOYED		FIRM'S NAME	ADDRESS	CITY/STATE/ZIP
FROM	TO			
MONTH	MONTH	IMMEDIATE SUPERVISOR'S NAME AND TITLE		
YEAR	YEAR	BEGINNING JOB TITLE/SALARY	ENDING JOB TITLE/SALARY	
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DUTIES AND RESPONSIBILITIES				
BEGINNING		ENDING		
WHAT DID YOU LIKE MOST ABOUT THIS JOB?			REASON(S) FOR LEAVING?	

U.S. MILITARY SERVICE

FROM (Month/Year)	TO (Month/Year)	BRANCH OF SERVICE	RANK OF DISCHARGE	AWARDS RECEIVED (Optional)
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MILITARY SPECIALTY AND TRAINING _____

ADDITIONAL INFORMATION FOR PLACEMENT CONSIDERATION:

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE APPLICATION.

APPLICANT AGREES TO THE FOLLOWING CONDITIONS OF EMPLOYMENT:

1. A job-related physical examination if required.
2. Meeting the age requirements of applicable laws and submitting proof of true age, if required.
3. Submitting proof of U.S. citizenship, visa or work permit, if required.
4. Conforming to District rules, regulations and instructions.

I certify that all statements in this application are true and correct and if any information submitted is false, it may be cause for dismissal. I understand that the District may request an investigative report to be prepared regarding all information contained in this application. I authorize such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. I understand that if I am employed, a certified birth certificate or other evidence of birthplace and citizenship is required. I understand that this is an application for employment and that no employment contract is being offered.

APPLICANT'S SIGNATURE _____ DATE _____