

OLIVEHURST PUBLIC UTILITY DISTRICT (OPUD)
1970 9TH Avenue – P.O. Box 670, Olivehurst, CA 95961
Phone (530) 743-4657 Fax (530) 743-6048 Email – humanresources@opud.org

APPLICATION FOR EMPLOYMENT

Position _____ Date _____

1. **PERSONAL**

Name _____ Address _____
City _____ State _____ Zip Code _____
Phone # _____ Message # _____
Social Security # (optional) _____ Drivers License # - Class _____

Employee must be 18 years of age or over (unless applying for lifeguard position which must be 15 years of age or over). If hired, can you show proof of age? Yes No

Employee must have legal right to work in the U.S. If hired, can you show proof? Yes No

Are you related by blood or marriage to any person presently employed by OPUD? Yes No

If "YES", state name, relationship and department.

Have you ever been discharged or forced to resign from previous employment? Yes No

If "YES", briefly explain.

In case of emergency, please notify (name, address & phone #):

2. **CERTIFICATIONS/SKILLS**

Please list all computer programs you are proficient in:

Please list any certifications related to your field:

What language(s) other than English to you speak and/or write?

3. **EDUCATION**

High School Attended	Diploma	GED
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

College or Tech Schools Attended	Major	# Units or Certificate/Degree

Military Service

List any other related courses:

4. **FORMER EMPLOYERS:** (Account for employment over last 10 years, attach separate sheet if needed.)

Employer Name		Employer Address		
From	To	Position	Immediate Supervisor	Ending Salary
Duties:				
Reason for leaving:				

Employer Name		Employer Address		
From	To	Position	Immediate Supervisor	Ending Salary
Duties:				
Reason for leaving:				

Employer Name		Employer Address		
From	To	Position	Immediate Supervisor	Ending Salary
Duties:				
Reason for leaving:				

5. REFERENCES

List three persons not related to you. Do not name former supervisors.

Name	Address	Phone #

CERTIFICATION AND AGREEMENT OF APPLICANT

I certify that all statements made in this application and attachments are true in all respects and I understand and agree that misstatements and or omissions of a material act may be cause for disqualification or dismissal. I also grant permission for OPUD to verify any and all information contained within by contacting current and former employers, schools, references, and any other person. I release all such persons from any liability or damages on account of having furnished such information. (Your current employer will not be contacted unless you are being considered as a finalist in the recruitment process.) I understand and agree that it is my responsibility to ensure that my application is received by OPUD no later than 4:00 p.m. on the final filing date. Postmarks will not be accepted. I understand that prior to being offered employment with OPUD I may be requested to take a job related written examination, performance/skills test, physical test and/or participate in oral interview (s). In the event that I believe I have a disability which will affect my ability to take any test, I will so inform OPUD prior to the administration of the test so that it can be determined if a reasonable accommodation is available which will facilitate my taking the test. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. OPUD reserves the right to require medical documentation concerning the need for accommodation. I

understand and agree that employment with OPUD is contingent upon successful completion of a job related medical review/examination which may include drug testing and my furnishing documentation evidencing employment authorization in accordance with the immigration reform and control act of 1986 (IRCA). A background investigation, will be required for all positions. **UNTIL FORMAL APPOINTMENT IS MADE IN THIS MANNER, ANY OFFERS OF EMPLOYMENT ARE CONDITIONAL AND PRELIMINARY AND MAY BE WITHDRAWN BY OPUD.**

Signature

Date

Date available to start work

NOTICE: Successful applicants will be required to establish and maintain throughout their employment proof of their insurability to the satisfaction of the District’s insurance carrier. Be advised that employees’ driving records will be submitted to the District’s insurance carrier periodically for proof of insurability.

We wish to thank you for submitting your application; however, please be advised that only the successful candidates will receive any notification.