



APPLICATION FOR EMPLOYMENT

Emerald PUD is an equal opportunity employer. We do not discriminate in employment based on race, color, creed, religion, sex, age, national origin, ancestry, physical or mental disabilities, on-the-job injuries, marital or veteran status, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

Please type or print in ink. Answer all questions and do not substitute a resume for a completed application.

Last Name	First Name	Middle Initial	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other names by which you have been known (for date verification and reference checking purposes)	Drivers License #	State
<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Message Phone	Work Phone	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are a veteran, you may be eligible for veterans' preference in employment. Please review, complete, and submit the Veterans' Preference Form and verification documents outlined therein to determine if you are eligible for veterans' preference.

Are you legally eligible for employment in the United States? Yes No

NOTE: All successful applicants will be required to provide proof of identity and eligibility for employment.

POSITION APPLYING FOR:			
Are you available to work:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>
Can you travel if job requires it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you applied for a position with EPUD before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
How did you hear about this position opening?	Newspaper <input type="checkbox"/>	Website <input type="checkbox"/>	Social Media <input type="checkbox"/> Other <input type="checkbox"/> Please explain:

RELATIVES AND FRIENDS Some positions may not be held by certain individuals to avoid possible conflicts of interest. Qualified relatives/friends are eligible for employment except in those unusual situations (for example, where the individuals would be placed in a supervisor-subordinate relationship). Do you have any relatives or friends (including roommates) who are presently employed by EPUD? Yes No

If yes, please state name(s) and relationship to you:

EMPLOYMENT HISTORY List ALL employment and activities, including self-employment or military service for the last ten years, if possible. Begin with the most recent employment.

Employer	Telephone
Address	
Supervisor's Name	Employed from _____ to _____
Your Position/Title	
Describe Duties	
Reason for leaving or seeking change of position	
May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>

(Employment record continued on reverse)

APPLICATION FOR EMPLOYMENT, *continued*

Employer	Telephone
Address	
Supervisor's Name	Employed from _____ to _____
Your Position/Title	
Describe Duties	
Reason for leaving or seeking change of position	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer	Telephone
Address	
Supervisor's Name	Employed from _____ to _____
Your Position/Title	
Describe Duties	
Reason for leaving or seeking change of position	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION

	Name of School, City & State	Course of Study	# Years Attended	Diploma/Degree
High School				
College/University				
Others (specify)				
Honors, etc.				

Skills, Special Training, and Military Transferable Skills	Do you have any other experience, training, qualifications, special licenses or skills which are applicable to the position for which you are applying? Please list:

CERTIFICATION OF APPLICANT

Please read carefully before signing. I understand that if I do not fully complete all questions, sign, and date this Application for Employment, I will be rejected from consideration for employment. I hereby certify that the statements made on this Application for Employment (and any attachments submitted by me, including the Veterans' Preference Form, if applicable), are true without omission to the best of my knowledge and agree to have any of the statements verified by Emerald People's Utility District (EPUD).

I realize that for EPUD and its personnel to make a knowledgeable decision as to my being hired, they must check with previous employers and, in the future, may be asked to give references to other employers. I consent and authorize EPUD and its personnel:

- (1) To obtain from any or all of my former employers information regarding my employment, character, and qualifications, whether favorable or unfavorable, knowing that a complete answer is important to my being hired, and
- (2) To give information regarding my employment by EPUD to other employers who may request it.

I, therefore, agree to release EPUD, its officers, directors, employees, agents, and insurers as well as any and all other parties and persons who provide such reference information or are connected with any request for information from all claims, liability, and damages for whatever reason arising out of furnishing this information.

I understand that if I am applying for a DOT regulated position or any position designated by EPUD as a safety sensitive position, my employment offer is contingent upon passing a post-offer physical and drug test. Passing a drug test is defined as a verified negative result. EPUD will pay for the physical and drug test. If I am applying for a DOT regulated or safety sensitive position, then I freely and voluntarily agree to take a urine test to detect drugs as part of the pre-employment process. I understand that refusal to take this test, failure to submit to a physical examination or a positive test result will disqualify me from further consideration for employment.

I understand that if I am a final candidate for a position, I will be required to authorize a Consumer Report. A Consumer Report consists of a background check and for specific positions, may also consist of a credit profile report. EPUD will pay for these reports. I will be required to sign a separate authorization before this screening takes place.

I understand that my employment is contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986.

By signing below, I am confirming statements I have made in this application, as well as any additional written or oral information I have provided, are true and complete without omission. I understand any false statement, misrepresentation or material omission is sufficient grounds for EPUD to reject this application or to terminate my employment without further consideration.

If I am hired, I understand that I will be responsible for complying with all policies and rules of EPUD as they presently exist or are later modified. I also understand that, if I am hired, I am free to resign at any time and without prior notice. Likewise, EPUD reserves the right to terminate my employment at any time for any reason it deems sufficient, with or without notice, except as required by law.

This Application for Employment will only be active for the duration of the job posting for which I have applied. I understand that in order to be considered for any position other than the job posted, I must submit another fully completed, signed, and dated application.

I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ **Date** _____