

Tahoe City Public Utility District
P. O. Box 5249
Tahoe City, California 96145
Phone (530) 580-6043
Fax (614) 385-7675

APPLICATION FOR EMPLOYMENT

NOTICE TO JOB APPLICANTS

The Tahoe City Public Utility District (TCPUD) considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, or any other legally protected status.

The TCPUD subscribes to a drug-free workplace and accordingly has developed an Alcohol/Controlled Substance Abuse Policy. The Policy of the TCPUD includes pre-employment controlled substance testing which requires a drug screen as a condition of employment. The post-offer pre-employment drug screen will occur only if the position for which you are an applicant and have been offered a conditional offer of employment is engaged in health and safety-sensitive activities with the TCPUD. The TCPUD will pay for all pre-employment tests. Any and all conditional offer of pre-employment drug screens utilized shall be maintained in strict confidence and available only to those with the need to know. A positive test result will result in the withdrawal of the offer of employment.

INSTRUCTIONS

- Please print or type and sign the application. The application is not valid unless signed.
- All questions on this application must be completed.
- Any Supplemental Questionnaire, if requested, shall be completed as appropriate for the position for which this application is submitted.
- You may attach a resume or any additional information you would like to volunteer about yourself which would assist your employment possibility.
- Deliver application to TCPUD at 221 Fairway Drive, Tahoe City, CA; mail to P.O. Box 5249, Tahoe City, CA 96145; fax to 614-385-7675; or email to cdelone@tcpud.org.

Position(s) Applied For _____ Date of Application _____
TCPUD only accepts applications for open positions

How did you hear about this position?

- Local Newspaper
 TCPUD Employee
 Friend/Coworker
 Industry Classified (please specify) _____
 Other _____

Applicant Name _____
First Name, Middle Initial, Last Name

Mailing Address _____
PO Box or Street Address, City, State, Zip

Physical Address _____
Street Address, City, State, Zip

Home Phone _____ Cell Phone _____ E-mail _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No Not Applicable

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment

Yes No

Do you have any relatives employed by the TCPUD?

Yes No

If yes, state name of relative in space below.

Have you ever filed an application with the TCPUD before?

Yes No

If yes, provide date in space below.

Have you previously been employed by the TCPUD?

Yes No

If yes, state dates of employment and position(s) held in space below.

If currently employed, may we contact your present employer?

Yes No Not Applicable

Explanatory Information for Above:

Driver's License Number, Class, and State of Issuance _____

Date available to start work _____ Minimum weekly hours acceptable _____

Available to work: Full Time Part Time Temporary

List three personal or professional references other than relatives who have firsthand knowledge of your character and general ability.

Name	Phone Number	Relationship	Organization & Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION	High School	Undergraduate College/University*	Graduate/Professional*
School Name and Location			
Highest Year Completed	○9 ○10 ○11 ○12	○1 ○2 ○3 ○4	○1 ○2 ○3 ○4
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extracurricular activities			
Describe any honors or degrees you have received			
State any additional information you feel may be helpful to us in considering your application			

**Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed*

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status.

Please indicate level of proficiency with these computer programs. Novice, Competent, Advanced, or Expert.

Excel	Word	PowerPoint	Publisher	Outlook
Adobe Acrobat	Access	Windows	Laserfiche	VUEWorks
ESRI	AutoCAD	Financial Software	_____	
Other (please specify) _____				

Please list all previous employment in the last ten years, starting with your current or most recent job. Include military service assignments. Attach additional sheets as necessary. Explain any time lapses.

CURRENT/MOST RECENT Employer Name	
Address and Phone Number	
Direct Supervisor's Name	
Title and Duties of Position	
Employed from Mo/Yr to Mo/Yr	
Reason for Leaving or Still Employed	

Employer Name	
Address and Phone Number	
Direct Supervisor's Name	
Title and Duties of Position	
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Reason for Leaving or Still Employed	

Employer Name	
Address and Phone Number	
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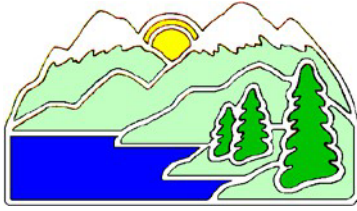
Employer Name	
Address and Phone Number	
Direct Supervisor's Name	
Title and Duties of Position	
Employed from Mo/Yr to Mo/Yr	
Reason for Leaving or Still Employed	

Summarize special job-related skills and qualifications acquired from employment or other experience.

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I hereby authorize the Tahoe City Public Utility District to investigate any information I have given herein, with the understanding that omission or misrepresentation of facts may be grounds for rejection of the application or dismissal from employment. I further understand that I may be required to pass a drug test and a medical examination, be fingerprinted if applicable, and be subject to background investigation and credit check if applicable at no cost to me prior to appointment to a position. I understand that I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

Signature of Applicant _____ Date _____

Application is not valid unless signed



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SUPPLEMENTAL QUESTIONNAIRE FOR UTILITIES OPERATIONS APPLICANTS

INSTRUCTIONS

- Please print or type and sign this Questionnaire.
- As this Questionnaire will be evaluated and used as a selection tool, please provide complete information. You will not receive credit for incomplete information. If you are selected to be interviewed, the interviewer will have both your Application for Employment and this Supplemental Questionnaire as resource material.

The following are examples of working conditions for an Operations Technician/Specialist. Place a check in the appropriate box(es). It may be appropriate to check more than one column. For example, if you have worked under a similar condition such as standing for long periods of time and would be willing to do it again, you would place a check in the first and second columns.

Applicant Name _____
First Name, Middle Name, Last Name

WORKING CONDITION	HAVE DONE	WOULD DO	CAN'T or WON'T DO
Working non-regular hours (Other than 8 am to 4:30 pm, Mon-Fri)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remaining on-call during non-working hours for a week at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having different (rotating) days off each week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working a modified work schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in confined spaces (areas of restricted access) with appropriate safety equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing for long periods of time, pushing, lifting or carrying heavy objects (up to 50 lbs.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working around foul smelling odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working outdoors in all weather conditions with appropriate clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in an area which has high noise and vibration levels (Safety equipment is provided where required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting to work on time every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calling ahead of time every day when not reporting to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing very routine tasks on a daily basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wearing and maintaining a uniform provided by the District	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAVE YOU OPERATED THE FOLLOWING EQUIPMENT?	YES	NO	REMARKS
Backhoe	<input type="checkbox"/>	<input type="checkbox"/>	
Loader	<input type="checkbox"/>	<input type="checkbox"/>	
4WD Pickup	<input type="checkbox"/>	<input type="checkbox"/>	
Snow blower	<input type="checkbox"/>	<input type="checkbox"/>	
Snowmobile	<input type="checkbox"/>	<input type="checkbox"/>	
Welder – Gas	<input type="checkbox"/>	<input type="checkbox"/>	
Welder – Arc	<input type="checkbox"/>	<input type="checkbox"/>	
Dump truck	<input type="checkbox"/>	<input type="checkbox"/>	
Forklift	<input type="checkbox"/>	<input type="checkbox"/>	
Jackhammer	<input type="checkbox"/>	<input type="checkbox"/>	
Power hand tools	<input type="checkbox"/>	<input type="checkbox"/>	
Chainsaw	<input type="checkbox"/>	<input type="checkbox"/>	
Sewer TV camera	<input type="checkbox"/>	<input type="checkbox"/>	
Power lawn mower	<input type="checkbox"/>	<input type="checkbox"/>	
Vactor jet	<input type="checkbox"/>	<input type="checkbox"/>	
Power rodder	<input type="checkbox"/>	<input type="checkbox"/>	
Snowplow equipped 4WD pickup truck	<input type="checkbox"/>	<input type="checkbox"/>	
Pipe locator	<input type="checkbox"/>	<input type="checkbox"/>	
Soil compactor	<input type="checkbox"/>	<input type="checkbox"/>	

List any certificates you hold in the water and wastewater field

Certificate Subject _____ Grade _____ Date _____

Certificate Subject _____ Grade _____ Date _____

Certificate Subject _____ Grade _____ Date _____

Certificate Subject _____ Grade _____ Date _____

Certificate Subject _____ Grade _____ Date _____

Certificate Subject _____ Grade _____ Date _____

Can you read maps and blueprints? Yes No

Describe any carpentry, electrical, or plumbing experience

Have you attended any workshops, conferences, specific courses or seminars that were directly related to water or wastewater systems? Yes No

If yes, describe below

Workshop/Course Title	Sponsor	Subject	Date(s)	Location

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Signature of Applicant _____ Date _____

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