

An Equal Opportunity Employer



APPLICATION FOR EMPLOYMENT

General Information

Date of Application _____

Name: _____
Last First Middle

Address: _____
Street (Apt) City/State ZIP

Alternate Address: _____
Street (Apt) City/State ZIP

Contact Information: (_____) _____ (_____) _____
Home Telephone Mobile Telephone

Email: _____

Employment Desired

Position applying for: _____

Regular Full-time work? Yes___ No___ Regular Part-time work? Yes___ No___

Regular Part-time Work? Yes___ No___ Temporary Work? Yes___ No___

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available to work on weekends? Yes___ No___

Would you be willing to work overtime, if necessary? Yes___ No___

If hired, on what date can you start? _____

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Personal Information

Have you ever applied to or worked for the District? Yes___ No___ If yes, when?_____

Do you have any friends or relatives working for the District? Yes___ No___

If yes, state name and relationship _____

Why are you applying for work at the District? _____

If hired, would you have a reliable means of transportation to and from work? Yes___ No___

Are you at least 18 years old? Yes___ No___ (if under 18, hire is subject to verification that you are of minimum legal age.)

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___

Are you able to perform the essential functions of the job for which you are applying? Yes___ No___ If no, describe the functions that cannot be performed. _____

Are you able to perform all other duties of the job for which you are applying? Yes___ No___ If no, describe the functions that cannot be performed. _____

(Note: Hire may be subject to passing a medical examination, and to skill agility tests.)

Are you currently employed? Yes___ No___ If so, may we contact your current employer? Yes___ No___

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Education, Training and Experience

| School | Name and Address | No. of Years | Graduate? | Degree/Diploma |
|-------------------------|------------------|--------------|-----------|----------------|
| High School | | | | |
| College/ University | | | | |
| Vocational/ Business | | | | |
| Health Care | | | | |

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at the District? Yes___ No___ If so, please explain. _____

Answer the following questions, if applicable to job applying for:

Are you licensed/certified for the job applied for? Yes___ No___

Name of license/certification _____

Issuing State(s) _____

License/certification number(s)_____

Has your license/certification ever been revoked or suspended? Yes___ No___ If yes, state reason(s), date of revocation or suspension and date of reinstatement_____

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes___ No___ If so, please describe: _____

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References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: _____

Address: _____

Occupation: _____

Telephone No. (_____) _____ Number of years acquainted: _____

Name: _____

Address: _____

Occupation: _____

Telephone No. (_____) _____ Number of years acquainted: _____

Name: _____

Address: _____

Occupation: _____

Telephone No. (_____) _____ Number of years acquainted: _____

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Please Read Carefully, Initial Each Paragraph and Sign Below

- _____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
- _____ I hereby authorize Bodega Bay Public Utility District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further authorize the references I have listed to disclose to Bodega Bay Public Utility District any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Bodega Bay Public Utility District, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
- _____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by Bodega Bay Public Utility District, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with Bodega Bay Public Utility District, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.
- _____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Bodega Bay Public Utility District. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself, or Bodega Bay Public Utility District, and that no promises or representations contrary to the foregoing are binding on the Bodega Bay Public Utility District unless made in writing and signed by me and Bodega Bay Public Utility District's designated representative.

Date:_____ Applicant's Signature_____