

# SQUAW VALLEY PUBLIC SERVICE DISTRICT

## Application for Employment

Squaw Valley Public Service District considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Position (s) applied for: \_\_\_\_\_

Application date: \_\_\_\_\_

How did you learn about us?

Employment Agency

Relative

Friend

Advertisement in \_\_\_\_\_

Other

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

The best time to contact you at home is: \_\_\_\_\_ : \_\_\_\_\_ AM PM

If you are under 18 years of age, can you provide the required proof of your eligibility to work?  Yes  No

Have you ever filed a job application with us before?  Yes  No

If yes, give the date: \_\_\_\_\_

Have you ever been employed with the District before?  Yes  No

If yes, give the date: \_\_\_\_\_

Do any of your friends or relatives, other than your spouse, work here?  Yes  No

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date you'll be available for work: \_\_\_\_\_ Desired salary range: \_\_\_\_\_

Are you available to work:

Full-time

Part-time

Temporary/Seasonal

(indicate dates available: \_\_\_\_\_ - \_\_\_\_\_ )

Are you currently on layoff status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

***SQUAW VALLEY PUBLIC SERVICE DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER***



# EMPLOYMENT EXPERIENCE

**Start with your present or most recent job.** Include any job-related military service assignments and volunteer activities. You may exclude any organizations which indicate race, color, religion, gender, national origin, disabilities or any other protected status.

1.	Employer:		Work Performed:	
	Address:			
	Telephone:			
	Job Title:	Supervisor:	Dates of Employment:	
Reason for Leaving:		Starting Pay:	Final Pay:	

2.	Employer:		Work Performed:	
	Address:			
	Telephone:			
	Job Title:	Supervisor:	Dates of Employment:	
Reason for Leaving:		Starting Pay:	Final Pay:	

3.	Employer:		Work Performed:	
	Address:			
	Telephone:			
	Job Title:	Supervisor:	Dates of Employment:	
Reason for Leaving:		Starting Pay:	Final Pay:	

4.	Employer:		Work Performed:	
	Address:			
	Telephone:			
	Job Title:	Supervisor:	Dates of Employment:	
Reason for Leaving:		Starting Pay:	Final Pay:	

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, disability or other protected status.

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# Miscellaneous

Do you have a valid Driver's License?

Yes  No

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your driver's license ever been revoked or suspended?  Yes  No

If so, what were the circumstances? \_\_\_\_\_

Can you provide proof of insurance for your personal vehicle?  Yes  No

If not, provide details: \_\_\_\_\_

*You will be required to successfully complete a physical examination and drug screening (at the District's expense) prior to starting work. Please review the job duties of the position for which you are applying, a copy of which is attached or has been provided to you.*

Are you able to perform all of the duties of the job for which you are applying?  Yes  No

If not, what duties do you believe you are unable to perform? \_\_\_\_\_

Of those duties you believe you are unable to perform, what can be done to accommodate your limitations?

*(Applicants requesting accommodation must provide medical documentation verifying the need for such accommodation)*

## References:

Please list persons willing to provide professional and/or character references:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**I certify that all statements and information in this application are true and complete to the best of my knowledge. I understand that any falsification or omission may result in refusal to extend an offer of employment or dismissal should I become employed by the District. I authorize Squaw Valley Public Service District to check the references that I have provided herein. I further understand that I will be required to authorize a background and/or consumer credit check in the event an offer of employment is made to me by Squaw Valley Public Service District.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_