Chester Public Utility District

P.O. Box 503, Chester, CA 96020
251 Chester Airport Road
Office: (530) 258-2171
Fax: (530) 258-2064

Application for Employment

Instructions: All applications for Chester Public Utility District (CPUD) positions must be submitted on this standard application form. A separate application must be submitted for each position. The application must be completed in sufficient detail to allow a comprehensive review and evaluation. Failure to complete the application in sufficient detail will disqualify the applicant from further review. Additional supporting information or resumes may be attached. It is the applicant's responsibility to notify CPUD of any change of address, name or other pertinent information. If you have any disabilities, which may require special testing arrangements please contact CPUD. Faxed applications may be submitted, however, a signed original application form is required before an interview will be scheduled.

Title of the position you are applying for:

_____ Date: _____

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip Code

Home Phone: _____ **Other Phone:** _____

Social Security Number: _____ **CA Drivers License No.:** _____

Are you related to any Chester PUD Employee? Yes No (circle one)

If yes, name and relationship of Employee: _____ _____
Name Relationship

Certifications or Licenses applicable to this position (include copies):

_____

_____

_____

_____

_____

_____

CPUD Employment Application Position: _____

Date: _____ Name: _____

Education: List all of your education that pertains to the requirements of the position you are applying for (include copies).

Name of School	Location	Dates Attended	Graduation/Certificate Date

Experience: List below all present and past employment FOR THE LAST 10 YEARS beginning with your most recent employment. Explain gaps between employment periods. List all jobs separately. Be sure to list duties of each position. Use separate sheets if necessary. DO NOT SUBSTITUTE A RESUME FOR THE REQUESTED INFORMATION.

Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised
Beginning					
Ending					

Employer: _____

Address: _____

Phone No.: _____

Reason for leaving (be specific):

May we contact this employer? Yes No

Supervisor's Name: _____

Phone Number:

Title and Duties:

Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised
Beginning					
Ending					

Employer: _____

Address: _____

Phone No.: _____

Reason for leaving (be specific):

May we contact this employer? Yes No

Supervisor's Name: _____

Phone Number:

Title and Duties:

CPUD Employment Application Position: _____

Date: _____ Name: _____

Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised
Beginning					
Ending					

Employer: _____

Address: _____

Phone No.: _____

Reason for leaving (be specific):

May we contact this employer? Yes No

Supervisor's Name: _____

Phone Number:

Title and Duties:

Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised
Beginning					
Ending					

Employer: _____

Address: _____

Phone No.: _____

Reason for leaving (be specific):

May we contact this employer? Yes No

Supervisor's Name: _____

Phone Number:

Title and Duties:

CPUD Employment Application

Position: _____

Date: _____

Name: _____

Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised
Beginning					
Ending					

Employer: _____

Address: _____

Phone No.: _____

Reason for leaving (be specific):

May we contact this employer? Yes No

Supervisor's Name: _____

Phone Number:

Title and Duties:

Dates Worked	Month	Day	Year	Monthly salary	No. Persons Supervised
Beginning					
Ending					

Employer: _____

Address: _____

Phone No.: _____

Reason for leaving (be specific):

May we contact this employer? Yes No

Supervisor's Name: _____

Phone Number:

Title and Duties:

CPUD Employment Application Position: _____

Date: _____ Name: _____

References: Please provide the names of three (3) persons not related to you, whom you have known at least one year.

Name: _____ Phone: _____

Address: _____ How long known?: _____

City & State: _____

Type of reference: _____

Name: _____ Phone: _____

Address: _____ How long known?: _____

City & State: _____

Type of reference: _____

Name: _____ Phone: _____

Address: _____ How long known?: _____

City & State: _____

Type of reference: _____

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORM ATION

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize the Chester Public Utility District to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of the Chester Public Utility District are at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental regulations. I also understand that the FIRST YEAR of regular employment represents a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Signature: _____ Date: _____