



TUOLUMNE UTILITIES DISTRICT
 18885 NUGGET BLVD • SONORA, CA 95370
 (209) 532-5536 • Fax (209) 536-6485 website: www.tudwater.com

Human Resources Office Use Only

EMPLOYMENT APPLICATION
TUD is an Equal Opportunity Employer

1. This application is part of the selection process. Failure to meet the minimum requirements listed in the job description is cause for rejection. It is the applicant's responsibility to ensure that the application is accurate, complete and on file at the District. Late and/or incomplete applications will be rejected. Fill in all of the required information. The information is requested to help measure the interests and qualifications of the applicant. No other use will be made of the information without permission of the applicant.
2. Resumes may be added, but may not be substituted for this application. Supplemental statements identifying the candidate's strengths and skills are beneficial. All information listed on an attached resume must be true and correct.
3. Please print legibly in ink or type the information requested. This application can be completed electronically by going to our website www.tudwater.com and downloading the form, then submitting via email as a PDF document to hr@tudwater.com. All applications must be signed and dated, even if submitted via email.

PERSONAL			
Last Name	First	Middle	Date of Application
Mailing Address		City	State Zip Code
Cell Phone:	Home Phone:	Work Phone:	E-mail address:
Messages OK? _____	Messages OK? _____	Messages OK? _____	
POSITION APPLIED FOR: _____			

EDUCATION: Are you a high school graduate?		If not, do you have a GED equivalent?		
Name Schools Attended	Location (Street Address, City & State)	Major	Did you Graduate?	Certificate/ Diploma/Degree
High School			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed	
Undergraduate College/University			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed	
Graduate College/University			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed	
Trade, Technical, Vocational, Correspondence School			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, # units completed	

LICENSES AND CERTIFICATES; SPECIAL TRAINING, SKILLS AND QUALIFICATIONS

List any licenses, certificates, or professional or vocational competence you possess to practice a trade or profession that are required by or related to the position in which you are applying. Please attach copies of each.

Last Name of Applicant: _____

Description	Certificate/License Number	Expiration Date

Other Skills and Qualifications:

EMPLOYMENT EXPERIENCE

Beginning with your most recent employment first, list all employment for at least the last 10 years. Please include information pertaining to job-related unpaid or volunteer experience. Use a separate block for each job even though with the same organization. Use additional sheets if necessary. If hours varied, give average. Include all information requested. Resumes may be attached for additional information, but **will not** be accepted in lieu of a completed District Application.

1. Name of Employer:	Position:	Dates Employed:	
		From (mo/yr)	To (mo/yr)
Address:			
Immediate Supervisor Name & Title:	Telephone No.:	May we contact?	
		Yes	No

Reason(s) you left or your desire to leave this job:

Description of Duties:

2. Name of Employer:	Position:	Dates Employed:	
		From (mo/yr)	To (mo/yr)
Address:			
Immediate Supervisor Name & Title:	Telephone No.:	May we contact?	
		Yes	No

Reason(s) you left or your desire to leave this job:

Description of Duties:

3. Name of Employer:	Position:	Dates Employed:	
		From (mo/yr)	To (mo/yr)
Address:			
Immediate Supervisor Name & Title:	Telephone No.:	May we contact?	
		Yes	No

Reason(s) you left or your desire to leave this job:

Description of Duties:

Last Name of Applicant: _____

4. Name of Employer:	Position:	Dates Employed:	
		From (mo/yr)	To (mo/yr)
Address:			
Immediate Supervisor Name & Title:	Telephone No.:	May we contact? Yes No	
Reason(s) you left or your desire to leave this job:			
Description of Duties:			
5. Name of Employer:	Position:	Dates Employed:	
		From (mo/yr)	To (mo/yr)
Address:			
Immediate Supervisor Name & Title:	Telephone No.:	May we contact? Yes No	
Reason(s) you left or your desire to leave this job:			
Description of Duties:			
6. Name of Employer:	Position:	Dates Employed:	
		From (mo/yr)	To (mo/yr)
Address:			
Immediate Supervisor Name & Title:	Telephone No.:	May we contact? Yes No	
Reason(s) you left or your desire to leave this job:			
Description of Duties:			
7. Name of Employer:	Position:	Dates Employed:	
		From (mo/yr)	To (mo/yr)
Address:			
Immediate Supervisor Name & Title:	Telephone No.:	May we contact? Yes No	
Reason(s) you left or your desire to leave this job:			
Description of Duties:			

Last Name of Applicant: _____

ADDITIONAL INFORMATION

How did you learn about this position at Tuolumne Utilities District?

- Advertisement >> Name of Publication _____
Internet >> Name of Website _____
Friend >> Name of Friend _____
Relative >> Name of Relative _____
Walk-In
Other

What alternate shift are you able to work? (Please check all that apply)

Full Time Part Time Rotating Weekends Overtime

Complete only if job-related/required:

Do you have a valid California driver's license? Yes No

Number: _____ Class A Class B Class C Endorsements: _____

Has your license been revoked or suspended in the past five years? Yes No

If yes, please explain _____

Have you ever been discharged or asked to resign from any position? Yes No

If yes, please explain _____

List any relatives (and their relationship to you) or friends currently working for TUD: _____

APPLICANT CERTIFICATION (Please read carefully)

I certify that the statements given by me in this application are true, complete, and correct to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge that the existence of a criminal conviction will not necessarily disqualify my application for employment.

I understand that if offered employment, the offer may be contingent on passing a pre-employment drug screen and a pre-employment physical and I voluntarily agree to submit to these procedures. I also 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.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or false or misleading information 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 understand that I am required to abide by all Personnel Policies and Procedures of the Tuolumne Utilities District.

I hereby authorize Tuolumne Utilities District to thoroughly investigate my employment history, education, and other matters related to my suitability for employment, without giving me prior notice of such disclosure. In addition, I hereby release Tuolumne Utilities District from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application, or conveyed during any interview that may be granted, is intended to create an employment contract between Tuolumne Utilities District and me.

Signature of Applicant: _____ Date: _____