

# Foresthill Public Utility District - Application for Employment

Date \_\_\_\_\_

## Personal Information

FULL NAME (LAST, FIRST)			D OF B	SSN
PRESENT ADDRESS		CITY	STATE	ZIP
PERMANENT ADDRESS		CITY	STATE	ZIP
PHONE	SECOND PHONE	EMAIL	REFERRED BY	

## Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF FELONY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE _____	WHEN _____
EVER WORKED FOR THIS COMPANY BEFORE?	WHERE _____	WHEN _____
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR		
HOW DID YOU FIND ABOUT THIS POSITION?	<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> FRIEND <input type="checkbox"/> WALK IN <input type="checkbox"/> WEBSITE <input type="checkbox"/> OTHER _____

## Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

## General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK
SPECIAL TRAINING, CERTIFICATIONS, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

## Military Service Record

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE
DISCHARGE DATE	RANK

### Current Employer

NAME OF YOUR PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

### Second or Former Employer

NAME OF YOUR SECOND OR PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

### Former Employer

NAME OF YOUR PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

### References

NAME	ADDRESS	BUSINESS	PHONE

# Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I have been notified that employer may request that a background screening be conducted to verify any information I have provided in connection with my employment or to determine my suitability for employment, retention, promotion, or reassignment.

Employer may request a consumer report and/or an investigative consumer report in connection with my application for employment or at any time during employment in accordance with all applicable laws. These reports may include information about my background, including but not limited to character, mode of living, criminal history records, sex offender registry records, Social Security records, educational records, employment records, credit reports, driving records and license/certification records.

Upon written request to employer and proper identification, I have the right to be informed when a consumer report or investigative consumer report is conducted, and the right to make a request to CheckPoint, the consumer reporting agency vendor, within a reasonable period of time, as to the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me that CheckPoint has previously furnished. Communications with CheckPoint should be directed to: 1911 Douglas Blvd #85-202 Roseville, CA 95661 | Phone: 888.534.1233 | Email: info@checkpointscreening.com

I hereby RELEASE the aforementioned persons, corporations, agencies, associations and their employees, agents, and representatives from any and all liability for damages resulting from a decision by the employer not to employ me on account of compliance, or any attempts at compliance with this authorization. A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for 12 months from the date it is signed."

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**This institution is an equal opportunity provider and employer**