

Tahoe City Public Utility District P. O. Box 5249 Tahoe City, California 96145 Phone (530) 583-3796 Fax (614) 385-7675

APPLICATION FOR EMPLOYMENT

NOTICE TO JOB APPLICANTS

The Tahoe City Public Utility District (TCPUD) considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, or any other legally protected status.

The TCPUD subscribes to a drug-free workplace and accordingly has developed an Alcohol/Controlled Substance Abuse Policy. The Policy of the TCPUD includes pre-employment controlled substance testing which requires a drug screen as a condition of employment. The post-offer pre-employment drug screen will occur only if the position for which you are an applicant and have been offered a conditional offer of employment is engaged in health and safety-sensitive activities with the TCPUD. The TCPUD will pay for all pre-employment tests. Any and all conditional offer of pre-employment drug screens utilized shall be maintained in strict confidence and available only to those with the need to know. A positive test result will result in the withdrawal of the offer of employment.

INSTRUCTIONS

- Please print or type and sign the application. The application is not valid unless signed.
- All questions on this application must be completed.
- Any Supplemental Questionnaire, if requested, shall be completed as appropriate for the position for which this application is submitted.
- You may attach a resume or any additional information you would like to volunteer about yourself which would assist your employment possibility.
- Deliver application to TCPUD at 221 Fairway Drive, Tahoe City, CA; mail to P.O. Box 5249, Tahoe City, CA 96145; fax to 614-385-7675; or email to cdelone@tcpud.org.

| Position(s) Applied | d For | | Date of Application | | | |
|--|------------------------|---|---------------------|---|--|--|
| | | y accepts applications for open positions | | | | |
| How did you hear | about this pos | sition? | | | | |
| O Local Newspaper C | | O TCPUD Employee | O Friend/Coworker | | | |
| O Industry Classified (please specify) | | | O Other | _ | | |
| | irst Name, Middle In | itial, Last Name | | | | |
| | O Box or Street Addr | ress City State 7in | | | | |
| Physical Address _ | treet Address, City, S | | | | | |
| Home Phone | | Cell Phone | E-mail | | | |

TAHOE CITY PUBLIC UTILITY DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

| Name | Thore wanter | | |
|---------------------------------------|-----------------------------------|----------------------------------|------------------------------------|
| | Phone Number | Relationship | Organization & Title |
| List three persona character and gene | | ferences other than relatives wh | o have firsthand knowledge of you |
| Available to work: | ☐ Full Time | ☐ Part Time ☐ Temporar | У |
| Date available to s | tart work | Minimum weekly hou | rs acceptable |
| Driver's License Nu | ımber, Class, and Sta | te of Issuance | |
| | | | |
| | | | |
| | | | |
| | | | |
| Explanatory Inform | nation for Above: | | |
| O Yes O N | • | pplicable | |
| | • | your present employer? | |
| O Yes O N If yes, state dates of | _ | position(s) held in space below. | |
| | ly been employed by | the TCPUD? | |
| O Yes O N If yes, provide date | _ | | |
| • | d an application with | the TCPUD before? | |
| O Yes O N If yes, state name | ง of relative in space b | elow. | |
| | elatives employed by | the TCPUD? | |
| | nip or immigration status will be | | ase or visa or immigration status. |
| | · | | use of Visa or Immigration Status? |
| O Yes O N | lo O Not Ap | pplicable | ligibility to work? |

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| EDUCATION | | High S | School | | | ndergra ege/Un | | | Gradu | iate/Pi | rofessi | onal* |
|----------------------------|----|--------|--------|-----|----|-------------------|----|----|-------|---------|---------|-------|
| School Name and | 1 | | | | | | | | | | | |
| Location | | | | | | | | | | | | |
| Highest Year Completed | O9 | 010 | 011 | O12 | 01 | 02 | О3 | 04 | 01 | O2 | О3 | O4 |
| Describe Course of Study | | | | | | | | | | | | |
| Describe any specialized | | | | | | | | | | | | |
| training, apprenticeship, | | | | | | | | | | | | |
| skills and extracurricular | | | | | | | | | | | | |
| activities | | | | | | | | | | | | |
| Describe any honors or | | | | | | | | | | | | |
| degrees you have | | | | | | | | | | | | |
| received | | | | | | | | | | | | |
| State any additional | | | | | | | | | | | | |
| information you feel may | | | | | | | | | | | | |
| be helpful to us in | | | | | | | | | | | | |
| considering your | | | | | | | | | | | | |
| application | | | | | | | | | | | | |

^{*}Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status.

| Please indicate level of pro | oficiency with these | computer programs. No | ovice, <u>C</u> ompetent, <u>A</u> d | vanced, or <u>E</u> xpert. |
|------------------------------|----------------------|-----------------------|--------------------------------------|----------------------------|
| Excel | Word | PowerPoint | Publisher | Outlook |
| Adobe Acrobat | Access | Windows | Laserfiche | VUEWorks |
| ESRI | AutoCAD | Financial Softwar | e | |
| Other (please spec | cify) | | | |

Please list all previous employment in the last ten years, starting with your current or most recent job. Include military service assignments. Attach additional sheets as necessary. Explain any time lapses.

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| Employer Name | |
|---|--|
| Address and Phone Number | |
| Direct Supervisor's Name | |
| Title and Duties of Position | |
| Employed from Mo/Yr to Mo/Yr | |
| Reason for Leaving or Still Employed | |
| | |
| Employer Name | |
| Address and Phone Number | |
| Direct Supervisor's Name | |
| Title and Duties of Position | |
| Employed from Mo/Yr to Mo/Yr | |
| Reason for Leaving or Still Employed | |
| | |
| Employer Name | |
| Address and Phone Number | |
| Direct Supervisor's Name | |
| Title and Duties of Position | |
| Employed from Mo/Yr to Mo/Yr | |
| Reason for Leaving or Still Employed | |
| Summarize special job-related skills and q | ualifications acquired from employment or other experience. |
| and belief. I hereby authorize the Tahoe herein, with the understanding that omiss application or dismissal from employmen a medical examination, be fingerprinted check if applicable at no cost to me prior | n this application are true and complete to the best of my knowledge City Public Utility District to investigate any information I have given sion or misrepresentation of facts may be grounds for rejection of the t. I further understand that I may be required to pass a drug test and if applicable, and be subject to background investigation and credit to appointment to a position. I understand that I will be required to to work in the United States on my first day of employment. |
| Signature of Applicant | Date |

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