

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 mmartland@tcpud.org.

Position(s) Applied For _____ Date of Application _____
TCPUD only accepts applications for open positions

How did you hear about this position?

- Local Newspaper
 TCPUD Employee
 Friend/Coworker
 Industry Classified (please specify) _____
 Other _____

Applicant Name _____
First Name, Middle Initial, Last Name

Mailing Address _____
PO Box or Street Address, City, State, Zip

Physical Address _____
Street Address, City, State, Zip

Home Phone _____ Cell Phone _____ E-mail _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No Not Applicable

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment

Yes No

Do you have any relatives employed by the TCPUD?

Yes No

If yes, state name of relative in space below.

Have you ever filed an application with the TCPUD before?

Yes No

If yes, provide date in space below.

Have you previously been employed by the TCPUD?

Yes No

If yes, state dates of employment and position(s) held in space below.

If currently employed, may we contact your present employer?

Yes No Not Applicable

Explanatory Information for Above:

Driver's License Number, Class, and State of Issuance _____

Date available to start work _____ Minimum weekly hours acceptable _____

Available to work: Full Time Part Time Temporary

List three personal or professional references other than relatives who have firsthand knowledge of your character and general ability.

Name	Phone Number	Relationship	Organization & Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION	High School				Undergraduate College/University*				Graduate/Professional*			
School Name and Location												
Highest Year Completed	○9	○10	○11	○12	○1	○2	○3	○4	○1	○2	○3	○4
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 proficiency with these computer programs. Novice, Competent, Advanced, or Expert.

Excel	Word	PowerPoint	Publisher	Outlook
Adobe Acrobat	Access	Windows	Laserfiche	VUEWorks
ESRI	AutoCAD	Financial Software	_____	
Other (please specify) _____				

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.

CURRENT/MOST RECENT 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	
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Reason for Leaving or Still Employed	

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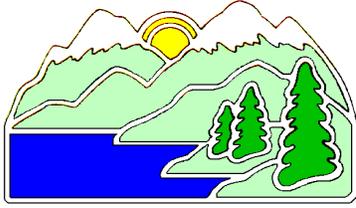
Employer Name	
Address and Phone Number	
Direct Supervisor's Name	
Title and Duties of Position	
Employed from Mo/Yr to Mo/Yr	
Reason for Leaving or Still Employed	

Summarize special job-related skills and qualifications acquired from employment or other experience.

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I hereby authorize the Tahoe City Public Utility District to investigate any information I have given herein, with the understanding that omission or misrepresentation of facts may be grounds for rejection of the application or dismissal from employment. I further understand that I may be required to pass a drug test and a medical examination, be fingerprinted if applicable, and be subject to background investigation and credit check if applicable at no cost to me prior to appointment to a position. I 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.

Signature of Applicant _____ Date _____

Application is not valid unless signed



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SUPPLEMENTAL QUESTIONNAIRE FOR SUMMER RECREATION LEADER APPLICANTS

INSTRUCTIONS

- Please print or type and sign this Questionnaire. Questionnaire is not valid without signature.
- Please provide complete information. If you are selected to be interviewed, the interviewer will have both your Application for Employment and this Supplemental Questionnaire as resource material.

Applicant Name _____
First Name, Middle Name, Last Name

Will you be able to commit to working all nine weeks of summer camp (June 17th – August 16th)?

Yes No

Will you be able to attend Staff Training Week June 10th through June 14th?

Yes No

Please describe your leadership experience

Please describe your experience in youth programming

Please describe a time when you had to deal with conflict

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Signature of Applicant _____ Date _____
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