



Public Utility District No. 2 of Pacific County, Washington
APPLICATION FOR EMPLOYMENT

Date: _____

When completing this form, please keep in mind that none of the questions are intended to imply limitations, preferences or discrimination based on age, marital status, race, creed, sex, color, national origin, or existence of any sensory, mental or physical handicap that does not interfere with the performance of the position for which you are applying.

Name: _____
Last First Middle

Social Security No. _____

Address: _____
Street City State Zip

PHONE: _____

Are you related to any employee now working for Pacific County PUD?

Have you ever worked for Pacific County PUD?

Yes _____ No _____

Yes _____ No _____

If Yes, state relationship _____

If Yes, When _____

MAJOR FIELDS OF EMPLOYMENT INTEREST OR POSITION DESIRED

1) _____ 2) _____

Date you can start _____
Employment Location Preference
Raymond area _____ Long Beach area _____

List any specialized skills you possess (i.e. Computer Programming, Office Procedures, Equipment Operation, etc.) which you feel would qualify you for work at the District: _____

EDUCATION

(COLLEGE) (Highest Degree Obtained)

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 _____

High School Graduated From _____

College or Universities Attended Name Location Location Date Major/Minor

1) _____

2) _____

Other Technical or Vocational Training _____ Date _____

Do you plan further education? Yes _____ No _____ Type of Course _____

Where _____ When _____

Do you possess a valid Washington State Drivers License? Yes _____ No _____ Has your license ever been restricted, suspended, revoked? Yes _____ No _____ (If Yes, explain) _____

Has a guarantee bond on you ever been refused? Yes _____ No _____ If Yes, when and where? _____

Have you been convicted of a felony within the past seven years? Yes _____ No _____ If Yes, detail briefly: _____

(A conviction record is not an automatic ban to employment)

Please describe any physical, mental or sensory limitations or disabilities which relate to your fitness or ability to perform the job for which you are applying: _____

NOTE: TO KEEP YOUR APPLICATION ACTIVE, IT MUST BE UPDATED EVERY SIX MONTHS.

EMPLOYERS (List below last 4 employers, starting with current or most recent)

Date Month and Year	Name and Address Of Employer	Last Salary	Position And Duties	Reason for Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

U.S. MILITARY Branch of Service _____ Reserve Member? Yes ____ No ____
 Date of Entry _____ Date of Discharge _____ Rank at Discharge _____
 Indicate specialization, training or work experience obtained _____

LIST THREE REFERENCES other than relatives or former employers

Name	Occupation	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you wish to add any comments or make any additions to this application, please feel free to do so by attaching a resume.

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I certify that the foregoing statements are true and correct and agree that falsification will be grounds for dismissal. In making this application for employment, I authorize any former employer and/or association of employers to supply you, upon request, any information they may have as to my record, character, ability, health and accident record, and reason for leaving.

 APPLICANTS SIGNATURE

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Interviewer's Remarks

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