

# HECETA WATER PEOPLE'S UTILITY DISTRICT

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

### **PERSONAL INFORMATION**

DATE OF APPLICATION \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Street (Apt)

City/State

ZIP

Contact Information: \_\_\_\_\_

Home Telephone

Mobile Telephone

Email

Are you 18 year of age or older?

Yes

No

**POSITION SOUGHT:** \_\_\_\_\_ Available Start Date: \_\_\_\_\_

Desired Pay Range: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

### **EDUCATION**

High School: \_\_\_\_\_

Graduate?

Yes

No

Name and Location

College/University: \_\_\_\_\_

Graduate?

Yes

No

Name and Location

Specialized Training: \_\_\_\_\_

Name and Location

Other Education: \_\_\_\_\_

Name and Location

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above-mentioned position.

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### FORMER EMPLOYERS

Please list your employers starting with the last one first:

Dates of Employment:

Company Name:

Job/Title

## Location

Salary Range

Contact telephone number

Is it ok to contact this employer?

Yes

No

Job notes, tasks performed and reason for leaving:

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Dates Employed:

Company Name:

Job/Title

## Location

Salary Range

Contact telephone number

Is it ok to contact this employer?

Yes

No

Job notes, tasks performed and reason for leaving:

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Dates Employed:

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Company Name:

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Job/Title

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Location

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Salary Range

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Contact telephone number

Is it ok to contact this employer?

Yes

No

Job notes, tasks performed and reason for leaving:

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May we contact your present employer?

Yes

No

Do you have the legal right to work in the United States?

Yes

No

(if hired, you will be required to provide identification to prove eligibility for employment)

Have you been employed or attended school using any other name?

Yes

No

If yes, please indicate previously used name:

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Do you have any employment restrictions resulting from a non-compete or confidentiality agreement?

Yes

No

If yes, please explain:

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How did you hear about this employment opportunity with HWPUD?

### **REFERENCES**

List three persons not related to you, whom you have known at least one year.

Name: \_\_\_\_\_

Contact information: \_\_\_\_\_

Name: \_\_\_\_\_

Contact information: \_\_\_\_\_

Name: \_\_\_\_\_

Contact information: \_\_\_\_\_

## **AUTHORIZATION**

\_\_\_\_\_ I certify that the facts contained in this application (and accompanying resume, if any)  
*initial* are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by HWPUD.

\_\_\_\_\_ I understand that any employment is conditioned on a background check. I authorize  
*initial* HWPUD to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment to the HWPUD, without giving me prior notice of such disclosure. In addition, I release HWPUD, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

\_\_\_\_\_ I understand and agree that nothing contained in this application, or conveyed during  
*initial* any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be 'at will' and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or HWPUD. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon HWPUD unless made in writing.

\_\_\_\_\_ If I am offered employment, I agree to submit to a medical examination and drug test  
*initial* before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by HWPUD and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to HWPUD the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired, a condition of my employment will be that I abide by HWPUD's Drug and Alcohol Policy.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**IMPORTANT INFORMATION TO KNOW BEFORE FILLING OUT AN APPLICATION  
FOR EMPLOYMENT WITH HECETA WATER PEOPLE’S UTILITY DISTRICT**

- All areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and do not indicate “See Resume”.
- If you are offered a position with Heceta Water PUD, be aware that we may verify all of the information that you have written on the application, as well as on your resume. If there is a discrepancy in your information, the job offer may be withdrawn. It is important to be sure that what you have written is correct.
- If you have any questions about completing the application, it is important to ask the General Manager or his/her representative at HWPUD.

Thank you for your cooperation.

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**Applicant Acknowledgement**

My signature below indicates that I have read and understand the importance of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

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Signature of applicant

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Date