



Asotin County PUD

Application for Employment

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Phone (Home)
	City	State	Zip Code	Phone (Cell)
	Have you ever worked at the PUD? Yes No If yes, when? _____			
	Reason for leaving? _____			
	Do you have any relatives presently working at the PUD?			Yes No
If yes, state name and relationship _____				
Have you ever been convicted of a crime?			Yes No	
If yes, please describe on separate form providing date and location.				
Are you legally authorized to work in the United States?			Yes No	
<i>(Proof of citizenship and Social Security number will be required prior to employment)</i>				
E M P L O Y M E N T	Position Applying For			Pay Desired
	Are you presently employed? Yes No			Date you can start
	If so, may we inquire of your present employer? Yes No			
	How many hours can you work weekly? _____		Driver's License? Yes No	
	Can you work nights? Yes No	DL # _____		
	Can you work weekends? Yes No	State of Issue: _____		
	Employment desired: Full-Time Part-Time Full or Part-Time		Expiration date: _____	
Commercial Driver's License (CDL) A B C				
Have you had any moving violations during the past three years? Yes No				
If yes, how many? _____				
List any special training, skills, or certificates held relevant to the position you are applying for:				

E D U C A T I O N	School	Name and Location	Course of Study	# of Years	Year of Grad	Degree/Diploma
	GRADUATE					
	COLLEGE					
	TECHNICAL					
	HIGH SCHOOL					
* If you have a General Equivalency Diploma (G.E.D.), indicate name and location of issuing agency and year issued.						

EMPLOYMENT

Please give an accurate employment record starting with the most recent.

1	Company Name	Telephone
	Address	Employed (month & yr.) From To
	Name of Supervisor	Salary Start Last
	Job Title	Reason for Leaving
	Job Description	

2	Company Name	Telephone
	Address	Employed (month & yr.) From To
	Name of Supervisor	Salary Start Last
	Job Title	Reason for Leaving
	Job Description	

3	Company Name	Telephone
	Address	Employed (month & yr.) From To
	Name of Supervisor	Salary Start Last
	Job Title	Reason for Leaving
	Job Description	

4	Company Name	Telephone
	Address	Employed (month & yr.) From To
	Name of Supervisor	Salary Start Last
	Job Title	Reason for Leaving
	Job Description	

MILITARY			
Have you served in the Armed Forces?	Yes	No	Military Branch _____
Are you serving in the National Guard?	Yes	No	
Specialty _____	Date Entered _____	Date Discharged _____	

R E F E R E N C E S	Give the names of 4 persons not related to you, whom you have known for at least one year			
	Name	Address	Occupation	Phone

How to Submit Your Application:

- By Email to: tsimpson@asotinpud.org
- By Mail to: Asotin County PUD, PO Box 605, Clarkston WA 99403
- Drop off at PUD Office: 1500 Scenic Way, Clarkston, Washington

Notice to All Applicants
Please read carefully, initial each paragraph and sign below.

_____ I hereby certify, to the Asotin County Public Utility District (PUD), that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that my omissions or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of the application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the PUD to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I further authorize the references I have given to disclose to the PUD any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the PUD, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the PUD and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and that no promise or representations contrary to the foregoing are binding on the PUD.

_____ I hereby authorize the PUD to conduct a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) by internal personnel employed by the PUD

_____ I hereby authorize the PUD to conduct a drug test before employment.

I certify by the signature below that I have read the Notice to All Applicants.

Applicant's Name

Applicant's Signature

Date

The PUD is an equal opportunity employer. We consider all applicants for all positions without regard to age, race, national origin, religion, gender, disability or martial or veteran status, or any other legally protected status. Qualifications for employment opportunities are based solely upon personal skills, merit and dependability. The PUD will ensure that both the spirit and the intent of the laws prohibiting discrimination are fully implemented in all our working relationships.