

Tracy City Public Utility

APPLICATION FOR EMPLOYMENT

TRACY CITY PUBLIC UTILITY IS AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO NON-DISCRIMINATION IN EMPLOYMENT. TRACY CITY PUBLIC UTILITY SELECTS THE BEST QUALIFIED INDIVIDUAL FOR THE JOB BASED ON JOB-RELATED QUALIFICATIONS REGARDLESS OF RACE, AGE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, MARITAL STATUS, SEXUAL PREFERENCE, DISABILITY OR ANY OTHER STATUS PROTECTED BY APPLICABLE LAW.

Today's Date: _____

Full Name: _____

Social Security:# _____

Date of Birth: _____

Present Address: _____

Home Phone: _____ CELL PHONE: _____

Position (s) Desired: _____ Plant, Clerical, Other

Employment Desired: _____ Full Time, Part Time

1. Have you ever been employed by Tracy City Public Utility? Yes ____ No ____
2. Do you have a valid Driver's License? Yes ____ No ____ Driver's License #: _____
State of issue: _____ Expiration: _____
3. Do you have a Commercial Driver's License? Yes ____ No ____ License #: _____
4. State of issue: _____ Expiration: _____
5. State age if you are under 18: ____ If you are under 18, hire is subject to verification that you are of minimum legal age to work.
6. Have you had any accidents in the past three (3) years? Yes ____ No ____ How Many? _____
7. Have you had any moving violations in the past three (3) years? Yes ____ No ____
8. If you are hired, can you present evidence of your legal right to live and work in this country? Yes ____ No ____ (Proof is required by law)
9. Have you ever been convicted of a felony? Yes ____ No ____
(If "yes" include information with this application.)
10. Have you ever been arrested, but the case is pending/unresolved? Yes ____ No ____
Details: _____
Note: Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.
11. Are you able to perform the essential functions of the position for which you applied? Yes ____
No ____

12. List all relatives that work at the Tracy City Public Utility:

13. List Education received:

High School	City, State	Diploma	Major/Degree
_____	_____	_____	_____
Vocational School	_____	_____	_____
_____	_____	_____	_____
College	_____	_____	_____
_____	_____	_____	_____

14. Have you served in the United States Armed forces? Yes ____ No ____
Branch _____ Reserved Status _____ Special Training _____

15. List all other training received (special courses, work training programs, Armed Forces training, etc.) _____

List any special qualifications and skills (licenses, skills with machines, patents, publications, etc):

16. List three people, other than relatives or former employees, who have knowledge of your character and/or abilities:

Name	Address	Phone	Years known
_____	_____	_____	_____
Name	Address	Phone	Years known
_____	_____	_____	_____
Name	Address	Phone	Years known
_____	_____	_____	_____

17. Please account for all employment since leaving school, or for the last ten (10) years that you have not yet stated in the above information. If you have attached a resume, you do not have to repeat any employment information except for starting and ending pay. List all dates and state what you are doing.

From: _____ To: _____ Starting Pay: _____ Ending Pay: _____
Job Title: _____
Company/Organization: _____
Address: _____
Phone: _____
Immediate Supervisor: _____
Describe job duties: _____

From: _____ To: _____ Starting Pay: _____ Ending Pay: _____
Job Title: _____
Company/Organization: _____
Address: _____
Phone: _____
Immediate Supervisor: _____
Describe job duties: _____

From: _____ To: _____ Starting Pay: _____ Ending Pay: _____
Job Title: _____
Company/Organization: _____
Address: _____
Phone: _____
Immediate Supervisor: _____
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From: _____ To: _____ Starting Pay: _____ Ending Pay: _____
Job Title: _____
Company/Organization: _____
Address: _____
Phone: _____
Immediate Supervisor: _____
Describe job duties: _____

POST – OFFER PHYSICAL/CONTROLLED SUBSTANCES SCREENING

Tracy City Public Utility strongly believes in its responsibility to provide a safe and healthful workplace for all its employees. Any time after you are hired, Tracy City Public Utility may require you to submit to a physical examination to the extent permitted by law. By signing below, you are giving your consent to the disclosure of the results of the physical examinations and related tests to Tracy City Public Utility. If you have any questions regarding this policy, please contact the office before your final interview.

AGREEMENT OF APPLICANT CERTIFICATION, AUTHORIZATIONS AND UNDERSTANDING OF EMPLOYMENT RELATIONSHIP

I hereby state that all the information that I provided on this application or any other document submitted in connection with my employment, and in any interview are true and correct. I have withheld nothing that would, if disclosed affect this application unfavorably. I understand that if I am employed and any information is later found false in any respect, or if I omitted material information, I may be dismissed. I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States.

I understand an offer of employment may be contingent on passing a job-related physical examination. I agree to submit to a controlled substances screening and physical examination by Tracy City Public Utility designated physical medical practitioner. I have read, understand, and agree to the above-referenced physical examination/drug testing policy, and disclosure of information.

APPLICANT SIGNATURE _____ **DATE** _____

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____

FIRST NAME

MIDDLE NAME

LAST NAME

Understand that in conjunction with my application for employment with Tracy City Public Utility, that the company may use the services of an outside agency to research and verify the information I have provided on my application and/or resume for employment including my personal background, character, professional standing, work history and qualifications. I also understand that Tracy City Public Utility or other outside agency will utilize various sources of information they deem appropriate, including but not limited to: Department of Motor vehicle records, credit reporting agencies, criminal and civil court conviction records, current and former employers, government regulatory agencies, local, state or federal licensing boards or commissions, public or private associations, school records, military records, and professional and personal references. I hereby grant Tracy City Public Utility or an outside agency permission to access any and all applicable sources of information, including, but not limited to those listed above and unconditionally release and hold harmless Tracy City Public Utility and any named or unnamed corporation, company, custodian of records or informant from any and all liability resulting from furnishing information about me.

Signature

Date

Position Applied for Department

Other names you have used or are also known as: _____