

Application of Employment

Date of Application: _____

L.O.A.P.U.D.

1960 Elgin St
Oroville CA 95966
(530)533-2000

Position Applied For: _____

Please fill out this application to the best your ability. Print all information in ink. Answer all questions accurately and completely. Print "N/A" in any space that does not apply to you. Lake Oroville Area Public Utility District is an equal opportunity employer and does not discriminate in employment because of age, sex, race, color, religion, sexual orientation, marital status, national origin, ancestry or physical or mental disability, medical condition, or any other basis prohibited by federal, state or local law. If you require assistance in completing this application, please contact our human resources department.

Name: _____
Last First MI

Address: _____
Street City State Zip

Telephone: (_____) _____ (_____) _____ (_____) _____
Daytime Telephone Evening Telephone Alternate Telephone

Position Applied For: _____

General Information

Date you can begin employment: _____

Are you available: Full Time Part Time Temporary
Shifts you can work Day Evening Weekends Any
Have you applied to us before? Yes No
Have you ever been employed with us before? Yes No If "Yes", when? _____

Reason for leaving: _____

May we contact you at work? Yes No

Best day & time to contact you: _____

When required by the job, are you willing to work:

Overtime? Yes No Unscheduled overtime? Yes No

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation?

Yes No

Have you ever been convicted of a crime? Yes No

If yes, state the nature of the crime(s), when and where convicted and disposition of the case:

Have you ever been warned about or disciplined for sexual harassment, fighting, assault, or related offenses?
 Yes No If yes, please explain _____

Can you provide proof of identification and proof of eligibility to work in this country (for instance: state or federal identification, passport, social security card, authorization to work in the United States, etc.)?

Yes No

The Immigration Reform Control Act of 1986 requires that, after acceptance of employment, employers verify the legal work authorization and identity of all new employees. Any offer of employment will depend upon the District's ability to verify necessary information.

Employment History (begin with current or most recent)

Employer: _____ Telephone Number: (_____) _____
City and State of Employer: _____
Dates of Employment From: _____ To: _____
Month Year Month Year

Your Job Title: _____ Description Of Your Work: _____

Name of your Immediate Supervisor and Title: _____
Reason for Leaving: _____

Salary / Wage Earned: (starting salary/wage) _____ (ending salary/wage) _____
May we contact this employer? Yes No

Employer: _____ Telephone Number: (_____) _____
City and State of Employer: _____
Dates of Employment From: _____ To: _____
Month Year Month Year

Your Job Title: _____ Description Of Your Work: _____

Name of your Immediate Supervisor and Title: _____
Reason for Leaving: _____

Salary / Wage Earned: (starting salary/wage) _____ (ending salary/wage) _____
May we contact this employer? Yes No

Employer: _____ Telephone Number: (_____) _____
City and State of Employer: _____
Dates of Employment From: _____ To: _____
Month Year Month Year

Your Job Title: _____ Description Of Your Work: _____

Name of your Immediate Supervisor and Title: _____
Reason for Leaving: _____

Salary / Wage Earned: (starting salary/wage) _____ (ending salary/wage) _____
May we contact this employer? Yes No

Employer: _____ Telephone Number: (_____) _____
City and State of Employer: _____
Dates of Employment From: _____ To: _____
Month Year Month Year

Your Job Title: _____ Description Of Your Work: _____

Name of your Immediate Supervisor and Title: _____
Reason for Leaving: _____

Salary / Wage Earned: (starting salary/wage) _____ (ending salary/wage) _____
May we contact this employer? Yes No

Please Read Carefully

PLEASE READ CAREFULLY BEFORE SIGNING. YOUR SIGNATURE IS REQUIRED IN ORDER TO BE CONSIDERED FOR EMPLOYMENT WITH LAKE OROVILLE AREA PUBLIC UTILITY DISTRICT

1. I certify that all my statements and answers in this application are true and complete and made without any reservation or evasions. I understand that any untrue or incomplete statements or omissions of requested information in this application may result in my later discharge if I become employed by the District.
2. I authorize all schools which I attended and all of my previous employers to furnish to Lake Oroville Area Public Utility District my records, reason for leaving, and all information they may have concerning me and I hereby release them and their employees and Lake Oroville Area Public Utility District and its employees from all liability for any damage whatsoever arising therefrom. I also authorize investigation of all statements in this application.
3. I understand and agree that, should I be employed by Lake Oroville Area Public Utility District, the employment relationship I have with the District will be on an AT-WILL basis until I satisfactorily complete a 90 day "get acquainted period." During that time, the District is entitled to terminate: my employment with or without cause or notice. I understand that only the General Manager of Lake Oroville Area Public Utility District possesses the authority to alter the AT-WILL nature of my employment laws, and that any such change in status may be effected only by an express written employment contract signed by the General Manager and me.
4. With the exception of my at-will employment relationship described in paragraph 3, I acknowledge that the procedures, policies and practices of the District, its employee handbook, and the conditions of my employment may be changed at any time by the District in its sole discretion and do not and will not constitute an employment contract or imply any contractual obligations.
5. I understand that before a job offer will be made to me, I will be asked to submit for review and copying, documents indicating my legal authorization to work in the United States. This procedure is in compliance with the Immigration Reform and Control Act of 1986, which applies to all persons hired with any U.S. employer after November 6, 1986. Upon submission of these documents I will also be asked to sign an INS Form 1-9 form under penalty of perjury indicating that I am a citizen or national of the U.S., an alien lawfully admitted for permanent residence, or an alien who is otherwise authorized by immigration laws to obtain employment in the U.S.
6. I understand and agree that if I am hired, I will be required to sign an Agreement to Arbitrate Disputes, I understand that by signing this Agreement I will be entitled to termination "for cause" after the satisfactory completion of my 90 day "get acquainted period." I also understand that the Agreement shall govern any dispute I may have with the District, its supervisors and/or representatives and/or its employees arising out of, relating to or affecting my employment and/or termination thereof and that I HEREBY WAIVE ANY RIGHT I MAY HAVE TO SUE OR TO SEEK A JURY TRIAL OVER SUCH DISPUTES OR TO SEEK RELIEF FOR DISPUTES IN ANY OTHER ACTION OR FORUM TO THE FULLEST EXTENT ALLOWED BY LAW.

Thank you for your cooperation and your interest in employment with Lake Oroville Area Public Utility District • 1960 Elgin Street • Oroville CA 95966 • (530)533-2000

Signature: _____

Date: _____