

# Application of Employment

## 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, gender, race, color, religion, sexual orientation, marital, or veteran status, national origin, ancestry or physical or mental disability, medical condition, genetic information, 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

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

PLEASE PROVIDE AN UP TO DATE CALIFORNIA DEPARTMENT OF MOTOR VEHICLES DRIVERS REPORT WITH YOUR APPLICATION. DRIVERS REPORTS CAN BE OBTAINED ONLINE AT <https://www.dmv.ca.gov/portal/customer-service/request-vehicle-or-driver-records/online-driver-record-request/>

*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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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 have satisfactorily completed a six-month 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.

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: \_\_\_\_\_