



**MASON COUNTY PUD 3
APPLICATION FOR
EMPLOYMENT**

PO Box 2148 • Shelton, WA 98584
(360) 426-8255 • www.masonpud3.org

IMPORTANT: Applicants with disabilities may request any reasonable accommodation necessary to complete this application, or to take any test required for the position for which the applicant has applied by making a request at the time of application or testing.

EQUAL EMPLOYMENT OPPORTUNITY: It is PUD 3's policy to seek and employ the best qualified personnel and to provide equal opportunity for the advancement of employees and to administer all personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, sexual orientation or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of PUD 3's business.

Applicant Information

Last Name	First Name	M.I.	Position Applying For
Mailing Address	City/State	Zip	Expected Pay Rate
Phone #	Cell Phone #	Date of Application	
			Date Available

Have you worked for PUD 3 before? <input type="radio"/> Yes <input type="radio"/> No	Are you over the age of 18? <input type="radio"/> Yes <input type="radio"/> No	If hired, are you prepared to present evidence within three days of employment showing that you are legally authorized to work in the United States of America? <input type="radio"/> Yes <input type="radio"/> No
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When are you available to work? (All attempts will be made to reasonably accommodate employees who require certain hours or days off because of religious beliefs or practices.)

Days Swing Graveyard Rotating Overtime Holidays
 Mon Tues Wed Thurs Fri Sat Sun

Education

Check the highest grade completed 6 7 8 9 10 11 12

Have you graduated from high school, obtained a GED, or a high school equivalency diploma? Yes No If yes, which one? _____

Institution Name: _____ City: _____ State: _____

Check the number of years of post-secondary education (college, vocational, military training and other relevant training/education).

Name & Location of Institution	Units Completed	Course of Study	Degree or Certification Obtained

Are you taking, or do you plan to take any additional education? Yes No If yes, give details: _____

Licenses and Certifications

Valid WA State Driver's License? Yes No Other state of issuance? _____

Class A CDL? Yes No Other state of issuance? _____

Flagging Card? Yes No First Aid Card? Yes No CPR Card? Yes No Other? _____

Work History *Begin with your most recent or current employer. You may attach a resume, however, a resume will not be accepted in lieu of a complete work history below.*

Employment Dates: From Month/Year: To Month/Year: Monthly/Hourly Salary Hours Work/Week:

Company: Job Title:

Address: Phone:

Name/Title of Supervisor: Reason for Leaving:

Primary Duties:

May we contact this employer for a reference? Yes No

Employment Dates: From Month/Year: To Month/Year: Monthly/Hourly Salary Hours Work/Week:

Company: Job Title:

Address: Phone:

Name/Title of Supervisor: Reason for Leaving:

Primary Duties:

May we contact this employer for a reference? Yes No

Employment Dates: From Month/Year: To Month/Year: Monthly/Hourly Salary Hours Work/Week:

Company: Job Title:

Address: Phone:

Name/Title of Supervisor: Reason for Leaving:

Work History (cont'd)

Primary Duties:

May we contact this employer for a reference? Yes No

Employment Dates: From Month/Year: _____ To Month/Year: _____ Monthly/Hourly Salary _____ Hours Work/Week: _____

Company: _____ Job Title: _____

Address: _____ Phone: _____

Name/Title of Supervisor: _____ Reason for Leaving: _____

Primary Duties:

May we contact this employer for a reference? Yes No

References *Please list references not related to you*

Name	Email	Phone Number	Relationship

DRIVING POSITIONS: (Answer only if driving is an essential function of the job.) Have you been CONVICTED, plead GUILTY or NO CONTEST or FORFEITED BOND OR BAIL for any traffic violation in the past three years? Yes No If yes, give details: _____

VERIFICATION AND SIGNATURE:

- I authorize the investigation of all matters which PUD 3 deems relevant to my qualifications for employment, including all information given in the application and in any attachments, supporting documents or interviews. I authorize you to request and receive such information, and I release from all liability persons (such as current or former supervisors, coworkers, etc.) employers, or other entities (schools, etc.) supplying it. I also release PUD 3, its officers, employees and agents from all liability which may arise from or is in any way connected to the investigation.
- I certify that all of the information given in this application and in any attachments, supporting documents or interviews is (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment, or immediate termination, regardless of when and how discovered.

VERIFICATION AND SIGNATURE (cont'd)

3. I understand that I may be required to submit to a pre- or post-employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations and inquiries and/or testing at PUD 3's expense. I authorize release of the results to the PUD and its use to evaluate my suitability for employment. I also release PUD 3, its officers, employees and agents from all liability arising out of or connected with any examinations, inquiries and/or testing.
4. I understand that I may resign or be terminated without cause or notice, at any time, unless otherwise stated in a collective bargaining agreement or written employment contract. I also understand that unless otherwise stated in a collective bargaining agreement or a written employment contract, PUD 3 may change, withdraw and interpret policies (including wages, hours and working conditions) as it deems appropriate.
5. I understand and agree that if I am hired the statements in these paragraphs become a binding part of my employment relationship. I have read each of these statements. I have also reviewed all the information provided in this application and in any attachments or supporting documents.

Name

Signature

Date