



# Asotin County PUD

## Application for Employment

PERSONAL	Last Name	First Name	Middle	Date
	Street Address			Phone (Cell)
	City	State	Zip Code	Phone (Home)
	Email Address			
	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 dates and locations			
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>				

EMPLOYMENT	Position Applying For:	Pay Desired
	Are you presently employed? Yes No	Date you can start
	If so, may we contact 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 3 years? Yes No	
	If yes, how many?	
	List any special training, skills, or certifications 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 & year) From:                      To:
	Name of Supervisor	Salary Start:                      Last:
	Job Title	Reason for leaving
	Job Description	

2	Company Name	Telephone
	Address	Employed (month & year) From:                      To:
	Name of Supervisor	Salary Start:                      Last:
	Job Title	Reason for leaving
	Job Description	

3	Company Name	Telephone
	Address	Employed (month & year) From:                      To:
	Name of Supervisor	Salary Start:                      Last:
	Job Title	Reason for leaving
	Job Description	

4	Company Name	Telephone
	Address	Employed (month & year) 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

## 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.

**How to Submit your Application:**

- By Email to: [jobs@asotinpud.org](mailto:jobs@asotinpud.org)
- By Mail to: Asotin County PUD, PO Box 605, Clarkston, WA 99403
- Drop off at the PUD Office: 1500 Scenic Way, Clarkston, WA