



APPLICATION FOR EMPLOYMENT

Clatskanie People's Utility District (District) is an equal opportunity employer and does not discriminate on the basis of race, color, religion, creed, sex, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Applicants with disabilities may request reasonable accommodation necessary to complete this application or to take any test for the position for which the applicant has applied by making a request at the time of application or testing. Please read carefully before signing and submitting this application. Only applications that are complete and legible will be considered for an open position. Submit your completed application, cover letter, and resume by mail or email to the address below.

Position Desired	Date of Application
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How Did You Learn About Us?

<input type="checkbox"/> District website	<input type="checkbox"/> Relative/Friend	<input type="checkbox"/> Other
<input type="checkbox"/> NWPPA website	<input type="checkbox"/> Newspaper advertisement	

Last Name	First Name	Middle Name	
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Home Phone	Cell Phone	Email Address	

Best time to contact you: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? N/A yes no

Have you ever filed an application with the District? yes no
If yes, dates _____

Have you ever been employed at the District? yes no
If yes, dates _____

Are you currently employed? yes no

May we contact your present employer? yes no

Do you have the legal right to work in the United States? yes no
If hired, you will be required to provide original documents establishing identity and authorization to work.

Date you are available to work? _____ / _____ / _____
 Full-Time
 Part-Time
 Temporary

Are you currently on lay-off status and subject to recall? yes no

Can you travel if a job requires it? yes no

EDUCATION			
	School Name City and State	Course of Study	Did you Graduate?
High School		Last Year Completed	___ Yes
		___ 9 ___ 10 ___ 11 ___ 12	___ No
College or University			Degree
Other Schools			Certificate or License
Other Schools			Certificate or License

Describe any specialized training or experience, apprenticeship, skills, or any other additional information related to the position applied for that should be considered.

SPECIALIZED SKILLS	
<u>Beginning</u> <u>Intermediate</u> <u>Advanced</u> MS Excel MS Word MS Power Point Data Base Typing Ten key Multit-line phone	<input type="checkbox"/> Valid CDL <input type="checkbox"/> Valid Drivers License <input type="checkbox"/> Valid Flagger Card in the state of: _____

EMPLOYMENT EXPERIENCE

Start with your most recent employer; including any job-related military service assignments. If less than four employers, use remaining spaces for volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need additional space, please continue on a separate sheet of paper. Be sure to include an explanation of breaks in employment.

Employer	Dates Employed (Month/Year)	Essential Job Duties
	From To	
Phone Number		
Address		
City, State, Zip Code		
Job Title	Supervisor	
Was a CDL required and were you subject to the FMCSRs while employed?		Yes No
Reason for leaving:		

Employer	Dates Employed (Month/Year)	Essential Job Duties
	From To	
Phone Number		
Address		
City, State, Zip Code		
Job Title	Supervisor	
Was a CDL required and were you subject to the FMCSRs while employed?		Yes No
Reason for leaving:		

Employer	Dates Employed (Month/Year)	Essential Job Duties
	From To	
Phone Number		
Address		
City, State, Zip Code		
Job Title	Supervisor	
Was a CDL required and were you subject to the FMCSRs while employed?		Yes No
Reason for leaving:		

Employer	Dates Employed (Month/Year)	Essential Job Duties
	From To	
Phone Number		
Address		
City, State, Zip Code		
Job Title	Supervisor	
Was a CDL required and were you subject to the FMCSRs while employed?		Yes No
Reason for leaving:		

PROFESSIONAL REFERENCES	
Name	Phone
Address	
Name	Phone
Address	
Name	Phone
Address	

APPLICANT'S STATEMENT

Please read carefully before signing and submitting this application. Only applications that are complete and legible will be considered for an open position. If you have any questions regarding these statements, please ask before signing. Submit your completed application, cover letter, and resume by mail or email to the address below.

- I certify that I have completed this application and supporting documents in a truthful manner to the best of my knowledge. I understand that any falsification, misrepresentation or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.
- The District is an at-will employer, and if hired, I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice at the option of the District or myself. I understand that the General Manager of the District is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and all such contracts must be in writing by both parties. If hired, I understand that I am required to abide by all of the rules and policies of the District, as well as all applicable state and federal law.
- The District is a drug and alcohol-free workplace. I understand that I may be required to submit to a pre-employment physical examination; including a drug test that includes marijuana. I agree to such examinations and testing at the District's expense. I hereby authorize the release of the results to the District for their use in evaluating my suitability for employment. I also release the examining facility and the District from any and all liability and from any damage that may result from the release of such information.
- I authorize the District to thoroughly investigate my references, employment record, education, general character and reputation, and other matters related to my suitability for employment. I further authorize the references I have listed to disclose to the District information related to my work records, without giving me prior notice of such disclosure. In addition, I release the District, 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 if I am offered employment, I will be required to pass a background check, including criminal history, and may also be required to pass a driver's record check as a condition of being hired, depending on the position for which I am applying and consistent with applicable laws.

Signature of Applicant	Date
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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE RECEIVED, READ, AND UNDERSTAND THE JOB DESCRIPTION AND THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing the essential duties involved in the position for which you have applied? Yes No

This application for employment will be considered active for six months.

Additional Information Required for CDL Applicants Only

**Per Federal Motor Carrier Safety Administration § 391.21:
All CDL driver applicants must provide the following information:**

A list of the names and addresses of employers during the ten years preceding the date of application for which the applicant was an operator of a commercial motor vehicle, the dates employed, the reason for leaving the employ of that employer, and whether the applicant was subject to the FMCSRs while employed by that previous employer. (Refer to page 3, "Employment Experience" - add another sheet if necessary)

List additional addresses of residency for the past 3 years:

Address: _____	How long? _____ yr. / mo.
Address: _____	How long? _____ yr. / mo.
Address: _____	How long? _____ yr. / mo.
Address: _____	How long? _____ yr. / mo.

Accident Record for past 3 years or more (attach sheet if more space is needed) if none, write NONE.

Dates	Nature of Accident (Head-on, Rear-ended, Upset, Etc.)	Fatalities	Injuries
Last Accident _____	_____	_____	_____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____

Traffic Convictions & Forfeitures (other than parking violations) for the past 3 years (Attach sheet if more space is needed) if none, write NONE.

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Experience & Qualifications - Driver

	License No.	State	Type	Expiration Date
Driver Licenses	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 B. Has any license, permit or privilege ever been suspended or revoked? Yes No
 If the answer to either A or B is YES, please provide details:

Driving Experience - if none, write NONE.

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date (To - From)	Approximate number of miles (Total)
Straight Truck			
Tractor & Semi-Trailer			
Tractor - Two Trailers			
Motor coach - School Bus			
Other			

List states operated in for the last five years:

Show special courses or training that will help you as a driver:

Which safe driving awards do you hold and from whom?

Experience and Qualifications - Other

Show any trucking, transportation or other experience that may help in your work for this company:

List courses and training other than shown elsewhere in this application:

List special equipment or technical materials you can work with (other than those already shown). For example, fork lift certification, chain saw, etc.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

CDL Applicant Signature

Date

*To be completed with District personnel after a contingent employment offer has been made**

Date of Birth: _____

Can you provide proof of age?

Yes

No

**Required by §391.21 for CDL positions*

VETERAN'S PREFERENCE FORM

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. Please read the following checklist carefully and check the box for each item that applies to you.

IN ORDER TO BE ELIGIBLE TO RECEIVE VETERAN'S PREFERENCE, THIS COMPLETED FORM AND THE REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED WITH THE COMPLETED APPLICATION, COVER LETTER, AND RESUME. PREFERENCE WILL NOT BE AWARDED WITHOUT THE APPROPRIATE DOCUMENTATION.

A. QUALIFIED VETERAN QUESTIONS: You may claim veteran's preference if you check at least one box below and provide proof of eligibility by submitting a copy of your form DD-214 or DD-215 that includes your discharge status.

I served on active duty with the Armed Forces of the United States:

For a period of no more than 90 consecutive days beginning on or before January 31, 1955 and was discharged or released under honorable conditions; or

For a period of more than 178 consecutive days beginning after January 31, 1955 and was discharged or released from active duty under honorable conditions; or

For 178 days or less and was discharged or released from active duty under honorable conditions because of a service connected disability; or

For 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans' Affairs; or

For at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or

I received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions; or

I am receiving a nonservice-connected pension from the United States Department of Veteran's Affairs.

Please see the next page for applicable definitions.

B. QUALIFIED DISABLED VETERAN QUESTIONS: You may claim additional employment preference if you can check at least one box below and provide proof of eligibility by submitting both of the documents listed below:

A copy of your DD-214 or DD-215, Certificate of Release or Discharge, Copy 4; and

A public employment veteran's disability preference letter from the United States Department of Veterans' Affairs (unless the information is included in the DD Form 214/215). To order the letter, call 1-800-827-1000 and request a public employment preference letter.

I have a disability rating through the United States Department of Veterans' Affairs; or

I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or

I was awarded the Purple Heart for wounds received in combat.

I hereby claim veteran's preference points and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification or dismissal, regardless of when discovered.

Print Name

Service Number

Signature of Applicant

Date

Position Applied For

DEFINITIONS

Armed Forces means the United States Army, Navy, Marine Corps, Air Force, and Coast Guard, including the reserve components thereof. (Title 38 USC Part I Chapter 1 Section 101). Reserve components mean:

The Army Reserve;

The Navy Reserve;

The Marine Corps Reserve;

The Air Force Reserve;

The Coast Guard Reserve;

The Army National Guard of the United States; and

The Air National Guard of the United States.

Active duty does not include attendance at a school under military orders, except schooling incident to an active enlistment or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or a National Guard unit.

Combat zone means an area designated by the President of the United States by executive order in which, on the dates designated by executive order, the Armed Forces of the United States are or have engaged in combat.

Veteran means a person who:

Served on active duty with the Armed Forces of the United States:

- For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions; or
- For a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions; or
- For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability; or
- For 178 days or less and was discharged or released from active duty under honorable conditions and has a disability rating from the United States Department of Veterans' Affairs; or
- For at least one day in a combat zone and was discharged or released from active duty under honorable conditions.

Received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions; or

Is receiving a nonservice-connected pension from the United States Department of Veterans' Affairs.

Disabled veteran means a person who has a disability rating from the United States Department of Veterans' Affairs, a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, or a person who was awarded the Purple Heart for wounds received in combat.