

**KIRKWOOD MEADOWS PUBLIC UTILITY DISTRICT**

PO Box 247  
Kirkwood, CA 95646

**APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street or PO Box City State Zip

Phone No: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Referred By: \_\_\_\_\_

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Have you ever applied to KMPUD before? \_\_\_\_\_ When? \_\_\_\_\_

| Education              | Name and Location of School | Did you Graduate? | Subjects Studied |
|------------------------|-----------------------------|-------------------|------------------|
| Grammar School         | _____                       |                   |                  |
| High School            | _____                       |                   |                  |
| College                | _____                       |                   |                  |
| Trade, Business School | _____                       |                   |                  |

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Is your Driver's License revoked/suspended? \_\_\_\_\_

Have you served in the Military? \_\_\_\_\_ Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Activities: Civic, Athletic, etc.: \_\_\_\_\_  
(Exclude organizations where the name or character of which indicates the race, creed, sex, martial status, age, color, national origin of its members)

**EMPLOYMENT HISTORY**

| Date<br>Month/Year | Name and Phone number of Employer | Salary | Position | Reason for Leaving |
|--------------------|-----------------------------------|--------|----------|--------------------|
| From:              |                                   |        |          |                    |
| To:                |                                   |        |          |                    |
| From:              |                                   |        |          |                    |
| To:                |                                   |        |          |                    |
| From:              |                                   |        |          |                    |
| To:                |                                   |        |          |                    |
| From:              |                                   |        |          |                    |
| To:                |                                   |        |          |                    |
| From:              |                                   |        |          |                    |
| To:                |                                   |        |          |                    |

**REFERENCES**

Give below the names of three persons willing to provide a professional references.

| Name | Address and Phone # | Relationship | Years Acquainted |
|------|---------------------|--------------|------------------|
|      |                     |              |                  |
|      |                     |              |                  |
|      |                     |              |                  |
|      |                     |              |                  |
|      |                     |              |                  |
|      |                     |              |                  |

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole optional and without prior notice to me.

I also acknowledge that my employment may be terminate, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**The Kirkwood Meadow PUD is an equal opportunity provider and employer**