



APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address			Apartment/Unit #
City	State	ZIP	
Mailing Address <i>(If Different)</i>		City	State ZIP
Phone <i>(include Area Code)</i>	E-mail Address		
Date Available	Social Security No. (last four digits only)		
Please list your Former Name(s), if any			

QUESTIONNAIRE

What Position are you applying for?			
How did you learn about this job?			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a valid CA Driver's License	YES <input type="checkbox"/>	NO <input type="checkbox"/>	License # _____ Expires _____
Do you have a Commercial Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES <input type="checkbox"/> Class A <input type="checkbox"/> Class B Endorsements:
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? _____
Are you related to any person presently employed by VSPUD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If YES list name, department and relationship here: _____			
Were you ever a member of the State or Public Employees Retirement System?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If YES, list employer and dates: _____			
Are you willing to work weekends, holidays or overtime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
VSPUD may require a physical exam and drug screen. Would you object to a physical examination that includes a drug screen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Would you object if we contacted your present and/or past employers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you able to perform the essential duties of the position as listed in the job description with or without accommodation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

EDUCATION/CERTIFICATIONS/LICENSES/MEMBERSHIPS

High School	Location	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College	Location	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other	Location	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
List relevant occupational certificates, licenses, and memberships:		

*****If you have attached resume with job history then you can skip down to signature*****

PREVIOUS EMPLOYMENT – *Begin with your most recent experience. Account for all time for the past ten (10) years. If you need more space, attach a separate sheet.*

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities:			
From	To	Reason for Leaving	

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities:			
From	To	Reason for Leaving	

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities:			
From	To	Reason for Leaving	

REFERENCES - *Please list three professional references, not related to you and whom you have known for at least one year.*

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

DISCLAIMER AND SIGNATURE – *Please read carefully before signing*

I authorize investigation of all statements contained in this application. I understand that any misstatement or omission of material facts called for in this application is cause for disqualification from further consideration for employment or dismissal from employment.

Signature	Date
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