



SOUTH PLACER MUNICIPAL UTILITY DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

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Rocklin, CA 95677
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www.spmud.ca.gov

EMPLOYMENT APPLICATION

POSITION APPLIED FOR: _____ DATE _____

I have read the job description and understand the job duties for the position.....Yes No

PERSONAL INFORMATION

Name: _____ last first middle

Phone _____ E-mail _____

Address: _____ number street city state zip Years _____ Months _____

Driver License No. _____ State _____ Class _____

GENERAL INFORMATION

1. Date you would be available for work: _____ Salary Desired: _____

2. Are you currently employed? YES NO

3. If employed, may we contact your supervisor? (Please provide Name & Phone #) YES NO

4. Do you have transportation to and from work? YES NO

5. Can you perform the duties of the job description without accommodation? YES NO

If no, what can be done to reasonably accommodate your condition? _____

6. Have you ever failed a pre-employment drug screening test? YES NO

If yes, please explain _____

7. Spare time activities/hobbies _____

Notes:

- 1. The District will require proof of a valid California Driver's License, and may require a current DMV printout to verify the driving record for the applicant.
2. Applicants will be required to pass a post-offer physical examination and drug screening. The successful applicant will also be subject to a criminal background check
3. For safety sensitive positions, the District will contact previous employers of new hires to obtain drug and alcohol history in conformance with Part 0.25, Title 49, Code of Federal Regulations.

EDUCATION

NAME AND LOCATION	DID YOU GRADUATE?	CERTIFICATE OBTAINED/SUBJECTS STUDIED
High School: _____		
College: _____		
Trade, Business or Correspondence Schools: _____		

In addition to your work history, what other skills, qualifications, special training, and/or certificates would especially fit you for your work with our District?
Please attach additional sheets as necessary.

Military: Have you ever been a member of the U.S. armed forces?..... YES NO

Training and Experience: _____

WORK EXPERIENCE (List most current job first) (Attach resume')

Date Month and Year	Name, Address, Phone No. of Employer	Salary	Position	Reason for Leaving
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

PROFESSIONAL REFERENCES (Individuals who can speak to your work experience)

Name	Phone Number	Business	Years Acquainted
1.			
2.			
3.			

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS SUBJECT TO A PROBATIONARY PERIOD, DURING WHICH TIME SAID EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT NOTICE.

Date : _____ Signature : _____

DO NOT WRITE BELOW THIS LINE

Interview Date: _____ By: _____ (Interviewer to Attach Comments)

Hire Date: _____ Position: _____ Report Date: _____ Salary/Wages: _____

Approved By: _____