



SOUTH PLACER MUNICIPAL UTILITY DISTRICT
IS AN EQUAL OPPORTUNITY EMPLOYER

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Rocklin, CA 95677
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(916) 786-8553 (Fax)
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

Last Name:	_____	First:	_____	Middle:	_____
Email:	_____		Phone:	_____	
Address:	_____				
City:	_____	State:	_____	Zip:	_____
Drivers License No:	_____	State:	_____	Class:	_____

EDUCATION

School Name:	_____	Degree:	_____		
Address:	_____				
Website:	_____	Dates:	_____		
Units Completed:	_____	Did you Graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
School Name:	_____	Degree:	_____		
Address:	_____				
Website:	_____	Dates:	_____		
Units Completed:	_____	Did you Graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
School Name:	_____	Degree:	_____		
Address:	_____				
Website:	_____	Dates:	_____		
Units Completed:	_____	Did you Graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

To qualify to this classification, you may use any combination of education and experience that would provide required knowledge and abilities. **I understand that I must submit proof of education by the final filing deadline if I am using education to qualify for this position.** Qualifying documents are unofficial college transcripts, certificates, and/or degree diplomas.

WORK EXPERIENCE (List most current job first) (attach additional pages as needed)

Employer: _____ Phone: _____

Address: _____

Website: _____ Position: _____

Dates: _____ Hours/Week: _____

May we contact this employer? Yes No

Supervisor: _____ Phone: _____

Reason for Leaving: _____

Summary of Duties: _____

Employer: _____ Phone: _____

Address: _____

Website: _____ Position: _____

Dates: _____ Hours/Week: _____

May we contact this employer? Yes No

Supervisor: _____ Phone: _____

Reason for Leaving: _____

Summary of Duties: _____

Employer: _____ Phone: _____

Address: _____

Website: _____ Position: _____

Dates: _____ Hours/Week: _____

May we contact this employer? Yes No

Supervisor: _____ Phone: _____

Reason for Leaving: _____

Summary of Duties: _____

Employer:	_____	Phone:	_____
Address:	_____		
Website:	_____	Position:	_____
Dates:	_____	Hours/Week:	_____
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Supervisor:	_____	Phone:	_____
Reason for Leaving:	_____		
Summary of Duties:	_____		

I understand that I **must list** current and/or past job-related experience in the "**Work Experience**" section of the employment application. The experience I list will be used to determine if I meet the minimum qualifications as stated on the job announcement. Applications that do not list current and/or past job-related experience will be considered incomplete and will be rejected; omitted information cannot be considered or assumed. A resume, responses to the supplemental questions, or employment history listed elsewhere in the application or attachments **will not substitute** for the information required in the "Work Experience" section of the employment application. Note: Qualifying experience is based on 40 paid hours per week (pro-rated if less than 40 hours/week). Internships and/or volunteer experience, whether paid or unpaid, will be counted as qualifying experience, but must be listed in the Work Experience section of the employment application.

CERTIFICATES, LICENSES & OTHER ACHIEVEMENTS

In addition to your work history, please list any other special training, licenses and/or certificates you possess.

Type:	_____	Number:	_____
Date Issued:	_____	Expiration Date:	_____
Type:	_____	Number:	_____
Date Issued:	_____	Expiration Date:	_____
Type:	_____	Number:	_____
Date Issued:	_____	Expiration Date:	_____
Type:	_____	Number:	_____
Date Issued:	_____	Expiration Date:	_____

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

Name: _____	Phone: _____
Email: _____	Years Acquainted: _____
Name: _____	Phone: _____
Email: _____	Years Acquainted: _____
Name: _____	Phone: _____
Email: _____	Years Acquainted: _____

ADDITIONAL INFORMATION

1. Date you would be available for work: _____ Salary Desired: _____
2. Are you currently employed?..... Yes No
3. Do you have transportation to and from work? Yes No
4. Military: Have you ever been a member of the U.S. armed forces? Yes No
Training and Experience: _____
5. Do you have a high school diploma or equivalent? Yes No
6. Please list any other names used: _____
7. I understand that as a condition of employment I will be required to pass a criminal background check and that certain positions may also require a credit check..... Yes No
8. Have you ever failed a pre-employment drug screening test? Yes No
If yes, please explain _____
9. I understand that I will be required to pass a post-offer physical examination and drug screening..... Yes No
10. I understand that I will be required to show proof of a valid California Driver's License and depending on the position that I am applying for may be required to provide a current DMV printout to verify my driving record. Yes No
11. Can you perform the duties of the job description without accommodation?..... Yes No
If no, what can be done to reasonably accommodate your condition? _____

12. Are you in a familial, cohabitant, or amorous relationship with any current employee of the District? Yes No

Examples of these relationships include: relationships by blood— parent, child, grandparent, grandchild, brother, sister, uncle, aunt, nephew, niece and first cousin; and relationships by marriage— husband, wife (as defined by state law), step-parent, step-child, brother-in-law, sister-in-law, father-in-law, mother-in-law, son-in-law, daughter-in-law, half-brother, half-sister, uncle, aunt, nephew, niece, spouse/partner of any of the above and co-habiting couples or significant others.

If yes, please list the name of the relative and the relationship _____

I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE. I AGREE AND UNDERSTAND THAT ANY MISSTATEMENTS OR OMISSIONS OF MATERIALS FACTS HEREIN WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO EMPLOYMENT BY THE SOUTH PLACER MUNICIPAL UTILITY DISTRICT. I UNDERSTAND THAT IF I DO NOT MEET THE ANNOUNCED REQUIREMENTS, I WILL BE ELIMINATED FROM THE EXAMINATION. I HEREBY AUTHORIZE THE DISTRICT TO VERIFY THE ACCURACY OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION.

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: _____