



Application for Employment

Date Received	Last Name	First Name	M.I.
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P.U.D No. 1 of Okanogan is an equal opportunity employer. All qualified applicants will be considered regardless of race, religion, color, age, sex, sexual orientation, gender identity, marital status, nationality, veteran status or disability.

Please read carefully before you sign this application. Providing false or incomplete statements on this application form shall be considered sufficient cause for disqualification of hiring or termination of employment.

MAIN OFFICE
P.O. BOX 912
1331 2ND AVE. N.
OKANOGAN, WA 98840
(509) 422-3310
FAX 422-4020

OMAK OFFICE
P.O. BOX 2086
18 W. 1ST ST.
OMAK, WA 98841
(509) 422-8380
FAX 422-8382

BREWSTER OFFICE
P.O. BOX 187
101 S. BRIDGE ST.
BREWSTER, WA 98812
(509) 689-2502
FAX 689-3090

OROVILLE OFFICE
P.O. BOX 1969
1500 MAIN ST.
OROVILLE, WA 98844
(509) 476-2928
FAX 476-2445

TONASKET OFFICE
P.O. BOX 585
17 W. 3RD ST.
TONASKET, WA 98855
(509) 486-2131
FAX 486-1710

TWISP OFFICE
P.O. BOX 514
201 HWY 20 S.
TWISP, WA 98856
(509) 997-2526
FAX 997-1719

GENERAL INFORMATION		
NAME	PREFERRED CONTACT METHOD	
ADDRESS	HOME PHONE NUMBER	
	WORK NUMBER	
	MOBILE NUMBER	
	E-MAIL ADDRESS	
OTHER NAMES BY WHICH YOU ARE KNOWN		
NAMES OF RELATIVES EMPLOYED HERE		
HAVE YOU BEEN EMPLOYED HERE BEFORE?	YES	NO
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?	YES	NO
ARE YOU AT LEAST 18 YEARS OF AGE?	YES	NO

EMPLOYMENT DESIRED	
ARE YOU APPLYING FOR AN ADVERTISED POSITION?	
POSITION DESIRED	NUMBER OF YEARS OF EXPERIENCE IN THIS WORK
DATE AVAILABLE FOR WORK	SALARY EXPECTED
ARE YOU EMPLOYED NOW?	MAY WE CONTACT YOUR CURRENT EMPLOYER?
CAN YOU, WITH OR WITHOUT REASONABLE ACCOMMODATION, PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB? (if you have any questions about the essential functions of the job, ask human resources before answering this question. You will be provided with a job description as part of the interview process.)	
	YES
	NO

EDUCATION AND TRAINING				
ARE YOU A HIGH SCHOOL GRADUATE OR HAVE PASSED THE GENERAL EDUCATION TEST? YES NO				
IF NO, CIRCLE THE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12				
NAME AND LOCATION (high school, college, graduate, business, apprentice trade schools attended)		COURSE OF STUDY OR MAJOR	# OF YEARS ATTENDED	DIPLOMA / DEGREE RECEIVED?
				YES NO
				YES NO
				YES NO
				YES NO
LICENSE, CERTIFICATE OR REGISTRATION	NUMBER	WHERE ISSUED	DATE ISSUED	EXPIRATION DATE
LANGUAGES READ, WRITTEN, OR SPOKEN FLUENTLY OTHER THAN ENGLISH				
SPECIAL SKILLS (List all pertinent skills and equipment you can operate)				

VETERAN INFORMATION		
BRANCH OF SERVICE	DATE OF ENTRY	DATE OF DISCHARGE

EMPLOYMENT HISTORY

LIST EMPLOYMENT BEGINNING WITH CURRENT OR MOST RECENT FIRST. INCLUDE VOLUNTARY WORK & MILITARY EXPERIENCE.

EMPLOYER	PHONE NUMBER	FROM (MO / YR)
ADDRESS	NUMBER OF EMPLOYEES	TO (MO / YR)
YOUR TITLE	SUPERVISED	
DUTIES AND RESPONSIBILITIES		HOURS PER WEEK
		SUPERVISOR
		MAY WE CONTACT?
REASON FOR LEAVING		

EMPLOYER	PHONE NUMBER	FROM (MO / YR)
ADDRESS	NUMBER OF EMPLOYEES	TO (MO / YR)
YOUR TITLE	SUPERVISED	
DUTIES AND RESPONSIBILITIES		HOURS PER WEEK
		SUPERVISOR
		MAY WE CONTACT?
REASON FOR LEAVING		

EMPLOYER	PHONE NUMBER	FROM (MO / YR)
ADDRESS	NUMBER OF EMPLOYEES	TO (MO / YR)
YOUR TITLE	SUPERVISED	
DUTIES AND RESPONSIBILITIES		HOURS PER WEEK
		SUPERVISOR
		MAY WE CONTACT?
REASON FOR LEAVING		

EMPLOYER	PHONE NUMBER	FROM (MO / YR)
ADDRESS	NUMBER OF EMPLOYEES	TO (MO / YR)
YOUR TITLE	SUPERVISED	
DUTIES AND RESPONSIBILITIES		HOURS PER WEEK
		SUPERVISOR
		MAY WE CONTACT?
REASON FOR LEAVING		

REFERENCES

PLEASE LIST THREE PERSONS, WHO ARE NOT RELATED TO YOU, WHO CAN PROVIDE A PROFESSIONAL REFERENCE.

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP / OCCUPATION	YEARS KNOWN

APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in these documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery, including after hire.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Public Utility District No. 1 of Okanogan County (hereinafter referred to as "District"), such employment is "at-will", except for those positions covered by a valid collective bargaining agreement. "At-will" means that employment with the District is for no specified duration and may be terminated by either the District or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, and statements of the District or its representatives used during the employment process and/or for the duration of employment is deemed a contract of employment (real or implied). I understand that no representative of the District except the general manager has the authority to enter into an agreement contrary to the foregoing statements, and that any such agreements must be made in writing and signed by the general manager of the District to be valid. I understand some employees are covered by a collective bargaining agreement with the International Brotherhood of Electrical Workers (IBEW), Local No. 77.

In consideration for employment with the District, if employed, I agree to comply with the current and amended rules, regulations, policies and procedures of the District at all times and understand that such compliance is a condition of employment. I understand that due to the nature of the District's business, attendance and punctuality are considered essential requirements of work at the District and that poor attendance or tardiness may result in disciplinary action.

I understand that if offered a position with the District, I may be required to submit to a pre-employment drug screen and a medical examination performed by a qualified health professional (for selected positions, pursuant to state and federal law). I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of a drug screen or medical examination may result in the withdrawal of any employment offer or termination of employment if already employed.

I understand that a comprehensive background investigation may be conducted as part of the employment process. I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the District and/or any of its representatives, agents or vendors, and I release all parties involved from any and all liability for any and all damage that may result from providing such information. I understand that all offers of employment are contingent upon the District's satisfaction with the results of the background investigation.

I understand that this application is considered current for twelve (12) months for the position specified on this application. If I wish to be considered for employment after this time period I must complete and submit a new application.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Print Name

Date

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