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|  | **EMPLOYMENT APPLICATION** |
| **EAST BAY MUNICIPAL UTILITY DISTRICT**375 ELEVENTH STREET, OAKLAND, CA 94607-4240(510) 287-0735 🞄 FAX NO. (510) 287-0986 **WWW.EBMUD.COM****MAILING ADDRESS:**P.O. BOX 24055, OAKLAND, CA 94623-1055ATTN: RECRUITMENT AND CLASSIFICATION | **RECRUITMENT ANDCLASSIFICATION USE ONLY** |
|  |  | Accept | TIME STAMP |
|  |  | Cond. |  |
|  |  | No |  |
|  |  | Exper. |  |
|  |  | Educ. |  |
|  |  | CDL |  |
| EBMUD IS AN EEO EMPLOYER and prohibits discrimination based on race, color, religion, sex, national origin,sexual orientation, marital or veteran status, age, or the presence of a non job-related mental or physical disability. |  | Late |  |
|  |  | Other |  |
| **NOTE: IT IS IMPORTANT THAT YOU ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS MAY BE DISQUALIFIED. A SEPARATEAPPLICATION IS REQUIRED FOR EACH CLASSIFICATION. RECRUITMENT STAFF CANNOT PROVIDE COPIES FOR APPLICANTS.** |
| **POSITION FOR WHICH YOU ARE APPLYING**Engineering Aide | EXAM #      |  |
| **YOUR NAME** (please print) |  |  | **Other names under which you have worked:** |
|      Last |      First |      Middle |       |
| YOUR MAILING ADDRESS     Number |      Street |      Apt. No. |
|      City |   State |      -    Zip |
| CONTACT INFORMATIONPrimary phone (   )    -      | Message phone (   )    -     |
|  |  |
| Work phone (   )    -     Extension:       | E-mail       |
| ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE UNITED STATES FOR ANY EMPLOYER WITHOUT A PRIOR OFFER OF EMPLOYMENT? *(EBMUD will not sponsor job applicants or employees for temporary or permanent work visas.)* | [ ]  YES [ ]  NO  |  |
| **ARE YOU NOW A REGULAR** [ ]  YES [ ]  NO**EMPLOYEE OF EBMUD WITH****CIVIL SERVICE STATUS?**HAVE YOU WORKED [ ]  YES [ ]  NOPREVIOUSLY FOR EBMUD? | DO YOU HAVE A VALID DRIVER’S LICENSE? | [ ]  YES | [ ]  NO |  |
|  | DRIVER’S LICENSE # |       | [ ]  CA | [ ]  OTHER |       |  |
|  | [ ]  CLASS A [ ]  CLASS B [ ]  CLASS C (AUTO ONLY) |  |
|  | ENDORSEMENTS |       |  |
|  | RESTRICTIONS |       |  |
|  | HAS YOUR LICENSE BEEN REVOKED ORSUSPENDED IN THE PAST FIVE YEARS? | [ ]  YES | [ ]  NO |  |
| IF YOU HAVE ANY MENTAL OR PHYSICAL DISABILITY (as defined in the Americans With Disabilities Act and the California Fair Employment and Housing Act) for which you may need special testing arrangements, contact the Recruitment Section at (510) 287-0735. |  |
| HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR RESIGNED IN LIEU OF DISCHARGE? | [ ]  YES | [ ]  NO |  |
| If yes, please explain:       |  |

 PE-003 ⦁ 11/22 Employment Application.doc

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| **INSTRUCTIONS:** No resumes in lieu of application. Information provided is subject to verification. |
| Demonstrating that you meet minimum qualifications is required to continue in the selection process. |
| 1. List current or most recent position first.2. Account for all the time for *at least* ten years. You may also include relevant experience beyond the ten-year minimum.3. Include all paid and unpaid experience which you think qualifies you for this position. All job-related experience including that prior to the last ten years should be stated. | 4. If you have held more than one position within an organization, list all positions separately with dates of each job held.5. List all “Work Out of Class” or temporary time as an EBMUD employee giving dates and total time worked for each classification.6. Do not use references (such as “see attached”, “see resume”, etc.). |
| **CURRENT OR MOST RECENT POSITION** |
| DATES OF EMPLOYMENT (month/year) | EXACT TITLE OF YOUR POSITION | HOURS PER WK |
| From:       | To:       |       |       |
| FIRM OR ORGANIZATION      | ADDRESS OF EMPLOYER (include city and state)      | PHONE:   -   -     |
| TYPE OF BUSINESS OR ORG.      | NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR      | ARE YOU STILL EMPLOYED? | YES[ ]  | NO[ ]  |
| NUMBER OF EMPLOYEES YOUSUPERVISE(D)       | TITLES OR JOBS OF THOSE YOU SUPERVISE(D)      | IF NOT, REASON FOR LEAVING:      |
| **MAY WE WRITE OR CALL ABOUT YOUR QUALIFICATIONS:** | YOUR PRESENT EMPLOYER? [ ]  YES [ ]  NO | YOUR PAST EMPLOYER(S)? [ ]  YES [ ]  NO |
| DESCRIBE YOUR DUTIES:       |
| DATES OF EMPLOYMENT (month/year) | EXACT TITLE OF YOUR POSITION | HOURS PER WK |
| From:       | To:       |       |       |
| FIRM OR ORGANIZATION      | ADDRESS OF EMPLOYER (include city and state)      | PHONE:   -   -     |
| TYPE OF BUSINESS OR ORG.      | NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR      | REASON FOR LEAVING:      |
| NUMBER OF EMPLOYEES YOUSUPERVISED       | TITLES OR JOBS OF THOSE YOU SUPERVISED      |
| DESCRIBE YOUR DUTIES:       |
| DATES OF EMPLOYMENT (month/year) | EXACT TITLE OF YOUR POSITION | HOURS PER WK |
| From:       | To:       |       |       |
| FIRM OR ORGANIZATION      | ADDRESS OF EMPLOYER (include city and state)      | PHONE:   -   -     |
| TYPE OF BUSINESS OR ORG.      | NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR      | REASON FOR LEAVING:      |
| NUMBER OF EMPLOYEES YOUSUPERVISED       | TITLES OR JOBS OF THOSE YOU SUPERVISED      |
| DESCRIBE YOUR DUTIES:       |
| DATES OF EMPLOYMENT (month/year) | EXACT TITLE OF YOUR POSITION | HOURS PER WK |
| From:       | To:       |       |       |
| FIRM OR ORGANIZATION      | ADDRESS OF EMPLOYER (include city and state)      | PHONE:   -   -     |
| TYPE OF BUSINESS OR ORG.      | NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR      | REASON FOR LEAVING:      |
| NUMBER OF EMPLOYEES YOUSUPERVISED       | TITLES OR JOBS OF THOSE YOU SUPERVISED      |
| DESCRIBE YOUR DUTIES:       |
| DATES OF EMPLOYMENT (month/year) | EXACT TITLE OF YOUR POSITION | HOURS PER WK |
| From:       | To:       |       |       |
| FIRM OR ORGANIZATION      | ADDRESS OF EMPLOYER (include city and state)      | PHONE:   -   -     |
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| NUMBER OF EMPLOYEES YOUSUPERVISED       | TITLES OR JOBS OF THOSE YOU SUPERVISED      |
| DESCRIBE YOUR DUTIES:       |
| DATES OF EMPLOYMENT (month/year) | EXACT TITLE OF YOUR POSITION | HOURS PER WK |
| From:       | To:       |       |       |
| FIRM OR ORGANIZATION      | ADDRESS OF EMPLOYER (include city and state)      | PHONE:   -   -     |
| TYPE OF BUSINESS OR ORG.      | NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR      | REASON FOR LEAVING:      |
| NUMBER OF EMPLOYEES YOUSUPERVISED       | TITLES OR JOBS OF THOSE YOU SUPERVISED      |
| DESCRIBE YOUR DUTIES:       |

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| **EDUCATION** (Check highest grade completed.) |
| GRADE SCHOOL[ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ] 1 2 3 4 5 6 7 8 | HIGH SCHOOL[ ]  [ ]  [ ]  [ ] 9 10 11 12 | COLLEGE[ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ] 1 2 3 4 5 6 7 8 |
| **SCHOOLS ATTENDED** (You may be asked to provide transcripts verifying this information and/or the District may obtain verification directly from the educational institution.) |
| LAST HIGH SCHOOL | CITY AND STATE/COUNTRY | DID YOU GRADUATE? | DO YOU HAVE A HIGH SCHOOL EQUIVALENCY CERTIFICATE (GED)? |
|       |       |
| [ ] YES [ ] NO | [ ] YES [ ] NO |
| COLLEGES OR UNIVERSITIES | CITY AND STATE/COUNTRY | MAJOR | TOTAL UNITS EARNEDSEM QTR | DEGREE(S) EARNED |
|       |       |       |         |       |
|       |       |       |         |       |
|       |       |       |         |       |
|       |       |       |         |       |
|       |       |       |         |       |
|       |       |       |         |       |
| OTHER RELEVANT COURSES OR TRAINING  | INSTITUTION | NUMBER OF DAYS, WEEKS, ETC. | COMPLETED SATISFACTORILY? |
|       |       |       | [ ]  YES [ ]  NO |
|       |       |       | [ ]  YES [ ]  NO |
|       |       |       | [ ]  YES [ ]  NO |
|       |       |       | [ ]  YES [ ]  NO |
|       |       |       | [ ]  YES [ ]  NO |
| **LICENSES OR CERTIFICATES** LIST THOSE OBTAINED WHICH RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING.Please include license number and expiration date, if possible. |
| LICENSE | NUMBER | EXPIRATION |
|       |       |       |
|       |       |       |
|       |       |       |
| **PROFESSIONAL ASSOCIATIONS** LIST THOSE OBTAINED WHICH RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING. |
|       |
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|       |
| **IMPORTANT!** I hereby certify that my answers to the questions in this application are complete and true to the best of my knowledge. I agree and understand that any misstatement of material fact contained in the application will cause me to forfeit all rights to employment with the East Bay Municipal Utility District. |
| SIGNATURE OF APPLICANT       DATE       |
| Sign your name in full, including middle name |