



## Employment Application

*An Equal Opportunity Employer*

Please be aware, you will **also** need to submit a resume. Your submission will not be considered complete until both a resume and this application are received by Utility Management Services.

We encourage you to fill out this Application and submit it with your resume online instead of using this paper form. Visit: [www.waterutilitymanagementservices.com/ums/employment.html](http://www.waterutilitymanagementservices.com/ums/employment.html)

Your Full Name (including middle initials) \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Your Email \_\_\_\_\_

Present Address \_\_\_\_\_  
\_\_\_\_\_

Permanent Address (if different from present address) \_\_\_\_\_  
\_\_\_\_\_

### Employment Desired

Position applying for: \_\_\_\_\_

I am applying for:	YES	NO
Regular full-time work	_____	_____
Regular part-time work	_____	_____
Temporary work (ie. summer or holidays)	_____	_____

What days and hours are you available for work? \_\_\_\_\_

For temporary work, during what period of time will you be available? \_\_\_\_\_

Are you available for work on weekends? YES \_\_\_\_\_ NO \_\_\_\_\_

Would you be available to work overtime, if necessary? YES \_\_\_\_\_ NO \_\_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_

Salary Desired: \_\_\_\_\_

## Personal Information

	YES	NO
Have you ever applied to work for Utility Management Services before?	_____	_____

When did you previously apply? \_\_\_\_\_

Do you have any friends or relatives working for Utility Management Services?	_____	_____
---	-------	-------

State name(s) and relationship: \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?	_____	_____
---	-------	-------

Are you at least 18 years old?	_____	_____
--------------------------------	-------	-------

If hired, can you present evidence of your US citizenship or proof of your legal right to live and work in this country?	_____	_____
--	-------	-------

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?	_____	_____
---	-------	-------

Describe the functions that cannot be performed:

---

---

---

*We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and skill and agility tests.*

Have you ever been convicted of a criminal offense (felony or misdemeanor)?	YES _____	NO _____
---	-----------	----------

State the nature of the crime(s), when and where convicted, and disposition of the case:

---

---

*No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature and date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.*

Are you currently employed?	YES _____	NO _____
-----------------------------	-----------	----------

May we contact your current employer?	YES _____	NO _____
---------------------------------------	-----------	----------

## Education, Training, and Experience

**High School Name:** \_\_\_\_\_

City & State: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? YES\_\_\_\_ NO \_\_\_\_

What year did you graduate? \_\_\_\_\_ Degree or Diploma: \_\_\_\_\_

---

**College/University Name:** \_\_\_\_\_

City & State: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? YES\_\_\_\_ NO \_\_\_\_

What year did you graduate? \_\_\_\_\_ Degree or Diploma: \_\_\_\_\_

---

**Additional College/University Name:** \_\_\_\_\_

City & State: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? YES\_\_\_\_ NO \_\_\_\_

What year did you graduate? \_\_\_\_\_ Degree or Diploma: \_\_\_\_\_

---

**Vocational/Trade School Name:** \_\_\_\_\_

City & State: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? YES\_\_\_\_ NO \_\_\_\_

Degree, Diploma, or Certification: \_\_\_\_\_

---

Please explain any Water Industry specific Trainings, Certifications and/or Licenses you may have:

*Include the date and location of Trainings, the expiration date of Certifications/Licenses, Certification/License numbers and issuing state, and any other relevant information.*

---

---

---

---

---

Has your license/certification(s) ever been revoked or suspended? YES \_\_\_ NO \_\_\_

State reason(s), date of revocation or suspension, and date of reinstatement: \_\_\_\_\_

Many of our customers do not speak English.

Do you speak, write, or understand any foreign languages? YES \_\_\_ NO \_\_\_

Which language(s)? Please include your level of skill: \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at Utility Management Services? YES \_\_\_ NO \_\_\_

Please explain: \_\_\_\_\_

### Employment History

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if the information is in your resume.

**Current/ Most Recent** Employer's Name: \_\_\_\_\_

Dates of Employment: *From* \_\_\_\_\_ *To* \_\_\_\_\_ Type of business: \_\_\_\_\_

Employer's telephone number: \_\_\_\_\_ Your Supervisor's name: \_\_\_\_\_

Business full street address (including city, state, and zip code):

Your position, duties, and reason for leaving: \_\_\_\_\_

Annual pay/salary \_\_\_\_\_ May we contact this employer for a reference? YES \_\_\_ NO \_\_\_

Employer's Name: \_\_\_\_\_

Dates of Employment: *From* \_\_\_\_\_ *To* \_\_\_\_\_ Type of business: \_\_\_\_\_

Employer's telephone number: \_\_\_\_\_ Your Supervisor's name: \_\_\_\_\_

Business full street address (including city, state, and zip code):  
\_\_\_\_\_

Your position, duties, and reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Annual pay/salary \_\_\_\_\_ May we contact this employer for a reference? YES \_\_\_ NO \_\_\_

---

Employer's Name: \_\_\_\_\_

Dates of Employment: *From* \_\_\_\_\_ *To* \_\_\_\_\_ Type of business: \_\_\_\_\_

Employer's telephone number: \_\_\_\_\_ Your Supervisor's name: \_\_\_\_\_

Business full street address (including city, state, and zip code):  
\_\_\_\_\_

Your position, duties, and reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Annual pay/salary \_\_\_\_\_ May we contact this employer for a reference? YES \_\_\_ NO \_\_\_

---

Employer's Name: \_\_\_\_\_

Dates of Employment: *From* \_\_\_\_\_ *To* \_\_\_\_\_ Type of business: \_\_\_\_\_

Employer's telephone number: \_\_\_\_\_ Your Supervisor's name: \_\_\_\_\_

Business full street address (including city, state, and zip code):  
\_\_\_\_\_

Your position, duties, and reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Annual pay/salary \_\_\_\_\_ May we contact this employer for a reference? YES \_\_\_ NO \_\_\_

---

Employer's Name: \_\_\_\_\_

Dates of Employment: *From* \_\_\_\_\_ *To* \_\_\_\_\_ Type of business: \_\_\_\_\_

Employer's telephone number: \_\_\_\_\_ Your Supervisor's name: \_\_\_\_\_

Business full street address (including city, state, and zip code):

---

Your position, duties, and reason for leaving: \_\_\_\_\_

---

Annual pay/salary \_\_\_\_\_ May we contact this employer for a reference? YES \_\_\_ NO \_\_\_

---

Have you obtained any special skills or abilities as a result of service in the military? YES \_\_\_ NO \_\_\_

Please describe: \_\_\_\_\_

---

---

---

---

---

### **References**

List below three persons not related to you who have knowledge of your work performance in the last three years.

Reference's Full Name: \_\_\_\_\_

Best contact telephone number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Full mailing address (including city, state, and zip code):

---

Number of years Acquainted: \_\_\_\_\_

---

Reference's Full Name: \_\_\_\_\_

Best contact telephone number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Full mailing address (including city, state, and zip code):  
\_\_\_\_\_

Number of years Acquainted: \_\_\_\_\_

---

Reference's Full Name: \_\_\_\_\_

Best contact telephone number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Full mailing address (including city, state, and zip code):  
\_\_\_\_\_

Number of years Acquainted: \_\_\_\_\_

---

**Initial Here**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the digitally undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_

I hereby authorize Utility Management Services to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employer, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of, or in any way related to, such investigation or disclosure.

\_\_\_\_\_

I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and Utility Management Services. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_

**Initial Here**

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

\_\_\_\_\_

I waive receipt of a copy of any public record described in the paragraph above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

Submit a completed application AND resume to: [Job.Board@corporatecenter.us](mailto:Job.Board@corporatecenter.us)

OR fax to: (530) 894-7645

OR mail to our corporate office:

Utility Management Services  
Drawer 5173  
Chico, CA  
95927-5173