



Education

High School

College

Vocational School

School Name

Years Completed

Course of Study

Equipment Experience

List equipment experience (i.e. Backhoe, loader, forklift, jackhammer, trencher, horizontal bore machine, bucket truck, etc.).

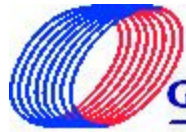
Type of Equipment	# of Years Experience
1. _____	_____
2. _____	_____
3. _____	_____

List other experience, training or skills that make you suited for work at Golden State Utility Co.

References

List 2 non-relatives who are familiar with your qualifications and actual work history and ability.

Name	Occupation/Relationship	Years Known	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____



Employment Experience

List employers during the last 3 years. Start with your present or most recent job.

Employer Name: _____ Supervisor's Name: _____
 Address: _____ Your Job Position: _____
 Dates employed: From: _____ To: _____ Telephone Number: _____
 Your salary (hourly) Starting: _____ Ending: _____
 Work Performed: _____
 What did you like most about your job? _____
 What did you like least about your job? _____
 Reason for leaving: _____
 May we contact this employer for a reference? Yes No

If you obtain a Class A or B drivers license, was this job a safety sensitive function regulated by DOT involving drug/alcohol testing? N/A Yes No

Employer Name: _____ Supervisor's Name: _____
 Address: _____ Your Job Position: _____
 Dates employed: From: _____ To: _____ Telephone Number: _____
 Your salary (hourly) Starting: _____ Ending: _____
 Work Performed: _____
 What did you like most about your job? _____
 What did you like least about your job? _____
 Reason for leaving: _____
 May we contact this employer for a reference? Yes No

If you obtain a Class A or B drivers license, was this job a safety sensitive function regulated by DOT involving drug/alcohol testing? N/A Yes No

Employer Name: _____ Supervisor's Name: _____
 Address: _____ Your Job Position: _____
 Dates employed: From: _____ To: _____ Telephone Number: _____
 Your salary (hourly) Starting: _____ Ending: _____
 Work Performed: _____
 What did you like most about your job? _____
 What did you like least about your job? _____
 Reason for leaving: _____
 May we contact this employer for a reference? Yes No

If you obtain a Class A or B drivers license, was this job a safety sensitive function regulated by DOT involving drug/alcohol testing? N/A Yes No



Golden State Utility Co.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this company is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the company.

In the event of employment, I understand that false misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: _____

Print Name: _____

Pre-employment Drug Test Consent

I give my consent to a contracted drug testing laboratory to collect a urine sample prior to my employment in order to identify the presence of drugs. I furthermore give the laboratories my permission to release the results of such test to Golden State Utility Co. I understand a positive result will eliminate me from being employed.

Signature: _____ Date: _____



Dear Applicant:

Thank you for applying at Golden State Utility Co. (GSU)

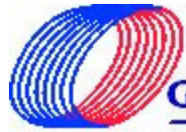
We have several offices within California: Ceres, Selma, Tracy, Santa Clara, Sacramento and Fontana. All construction work is performed at remote sites.

Employment Opportunities include Laborers, Utility Locators, Equipment Operators (backhoe, bore, trencher, and plow), Foremen, and Superintendents. Obtaining a Class "A" license and construction experience is a plus. You may visit our website at www.gsuc.net for information regarding our company.

GSU offers medical, dental and life insurance benefits for full-time employees following a 90-day waiting period. We also offer a 401k Savings Plan and 529 College Savings Plan after a waiting period. Discount Programs with Nextel, Ford, GMC and Hertz are also available to employees!

Please provide a current DMV report along with your completed application to our office. You may hand-deliver, mail, or fax.

GSU is a drug-free workplace. Pre-employment **Drug Testing is Required.**



ADDITIONAL FORM FOR COMMERCIAL LICENSED DRIVERS ONLY

Do you have a drivers' license Class A or Class B (commercial)?..... Yes No
If yes, complete these last 2 pages (**DOT Required**). If not, do not complete these last 2 pages.

**EXPERIENCE & QUALIFICATIONS
DRIVERS LICENSES**

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
Has any license, permit or privilege ever been suspended or revoked?..... Yes No
If the answer to either is yes, attach statement giving details.

DRIVING EXPERIENCE (IF NONE, WRITE NONE)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)
STRAIGHT TRUCK	
TRACTOR & SEMI-TRAILER	
TRACTOR- TWO TRAILERS	

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE. IF NONE, WRITE NONE.

APPROX DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES

**TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS.)
IF NONE, WRITE NONE.**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Release & Documentation of Testing Information by Previous Employer

This form may be used to fulfill the requirement of s382.413, obtaining information from a new driver's previous employer(s). This information must be obtained from all employers of all new drivers within the preceding two years. It must be obtained no later than 14 calendar days after the first time a driver performs a



Golden State Utility Co.

safety-sensitive function. Send a separate request to each previous employer you may be contacting. After it is completed and signed by a program representative. Keep this form in the driver's qualification file.

Part 1 – To be completed by driver/applicant:

I, _____, hereby authorize _____
Driver/applicant's name previous employer/company name

to release to: **Golden State Utility Co.**
Human Resources Department
P.O. Box 2810 . Ceres, CA 95307 . Fax (209) 579-3495

Results of any positive controlled substance test; alcohol tests with a result of 0.04 or greater, evidence of refusal to be tested, and information on any required substance abuse professional (SAP) evaluation, determination of need for assistance, and compliance with SAP recommendations for the proceeding two years. I request such records be released immediately.

This authorization is valid until withdrawn by me in writing.

Dated: _____ **Name of driver:** _____

SS Number _____ - _____ - _____ **Signature of driver:** _____

Part 2 – To be completed by previous employer

If driver was not subject to DOT testing requirements while employed, please check here , sign below and return.

		YES	NO
1.	Did the employee have alcohol tests with a result of 0.04 or higher?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Did the employee have verified positive drug tests?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Did the employee refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Did the employee have other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Did a previous employer report a drug and alcohol rule violation to you?	<input type="checkbox"/>	<input type="checkbox"/>
6.	If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>

Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing records).

Name of person releasing information: _____

Signature of person releasing information: _____