

**PUGET SOUND ENERGY
AN EQUAL OPPORTUNITY EMPLOYER
EMPLOYMENT PROCEDURE INFORMATION**

1. An incomplete application may disqualify you from further consideration.
2. If a question is not applicable, please note "Does Not Apply."
3. A detailed resume may be included if desired, but it does not eliminate the requirement to provide all of your employment history on the application.
4. Applications will be screened for candidates who meet job requirements and have related experience. Applications will be forwarded to the hiring supervisor for review. Selected applicants will be contacted and invited for an interview. Supplemental questionnaires and testing may be required.

If you need reasonable accommodation in the application process please contact Human Resources at (425) 462-3017 or email jobs@pse.com.

APPLICATION FOR EMPLOYMENT

(Use Black Ink, Print Clearly)

MAIL TO:
PUGET SOUND ENERGY
ATTN: CORPORATE EMPLOYMENT
 M/S PSE-10N
 PO Box 97034
 Bellevue, WA 98009-9734

JOB TITLE AND TRACKING NUMBER _____
(as it appears on the website)

An Equal Opportunity Employer

In compliance with federal, state and local Equal Employment Opportunity laws, all qualified applicants including disabled veterans and veterans of the Vietnam era will be considered without regard to race, color, religion, sex, national origin, age, sexual orientation, marital status, veteran status or presence of a disability that with or without reasonable accommodation does not prevent performance of the essential functions of the job.

POSITION APPLYING FOR	TODAY'S DATE	PRIMARY PHONE
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NAME (Last, First, Middle Initial)	SECONDARY PHONE
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OTHER NAME(S) BY WHICH YOU ARE OR HAVE BEEN KNOWN

ADDRESS (Street, City, State, Province, Country, Postal Code)	E-MAIL ADDRESS
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ARE YOU LEGALLY ENTITLED TO WORK IN THE U.S. AND CAN YOU PROVIDE PROOF OF THAT ENTITLEMENT? YES NO

AVAILABLE FOR WORK CASUAL TEMPORARY FULL TIME PART TIME SUMMER SHIFT WORK

HAVE YOU SUBMITTED AN APPLICATION OR BEEN EMPLOYED AT PSE BEFORE? YES NO

DATE(S) APPLIED	DATE(S) EMPLOYED
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LAST POSITION HELD AT PSE

REASON FOR LEAVING PSE

HAVE YOU EVER BEEN SUSPENDED, DISCHARGED OR ASKED TO RESIGN BY AN EMPLOYER? YES NO

IF YES, DESCRIBE IN FULL

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF THE LAW IN THE PAST SEVEN YEARS (other than parking violations)? YES NO

IF YES, DESCRIBE IN FULL, INCLUDING DATE(S) *(Existence of a conviction record will not necessarily bar you from employment.)*

DO YOU HAVE RELATIVES EMPLOYED BY PSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" GIVE NAME	RELATIONSHIP TO YOU	WORK LOCATION
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List trade or professional organizations of which you are a member, which are relevant to the position or that you wish us to consider in evaluating your qualifications for the position. Exclude any organization in which the name or character of such organization indicates the race, color, creed, sex, marital status, religion, national origin or ancestry of its members.

HOW DID YOU FIND OUT ABOUT THIS JOB? (list name of agency, newspaper, internet or other)

REFERENCES

GIVE NAME, ADDRESS AND PHONE NUMBER OF THREE BUSINESS REFERENCES, PREFERABLY PEOPLE WHO HAVE SUPERVISED YOUR WORK	HOW DO YOU KNOW THIS PERSON	YEARS KNOWN
1.		
2.		
3.		
4.		

EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL <small>(City and State)</small>	HOW LONG ATTENDED	MAJOR	GRADUATED	TYPE OF DEGREE	GPA
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED		
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO		
GRADUATE				<input type="checkbox"/> YES <input type="checkbox"/> NO		
TRADE OR BUSINESS				<input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYMENT HISTORY

List positions held during the last seven years. Begin with current or most recent position. An incomplete application may disqualify you from further consideration. Attach additional sheets if needed. Please complete even if you attach a resume.

WE CONDUCT REFERENCE CHECKS DIRECTLY FROM THIS INFORMATION

EMPLOYED		EMPLOYER NAME	ADDRESS	CITY/STATE/ZIP CODE	PHONE NUMBER
FROM	TO				
MONTH	MONTH	IMMEDIATE SUPERVISOR'S NAME, TITLE AND TELEPHONE NUMBER			
YEAR	YEAR	BEGINNING JOB TITLE	SALARY	ENDING JOB TITLE	SALARY
DUTIES AND RESPONSIBILITIES					
BEGINNING _____			ENDING _____		
WHAT DID YOU LIKE MOST ABOUT THIS JOB?			REASON(S) FOR LEAVING?		
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					
EMPLOYED		EMPLOYER NAME	ADDRESS	CITY/STATE/ZIP CODE	PHONE NUMBER
FROM	TO				
MONTH	MONTH	IMMEDIATE SUPERVISOR'S NAME, TITLE AND TELEPHONE NUMBER			
YEAR	YEAR	BEGINNING JOB TITLE	SALARY	ENDING JOB TITLE	SALARY
DUTIES AND RESPONSIBILITIES					
BEGINNING _____			ENDING _____		
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YEAR	YEAR	BEGINNING JOB TITLE	SALARY	ENDING JOB TITLE	SALARY
DUTIES AND RESPONSIBILITIES					
BEGINNING _____			ENDING _____		
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YEAR	YEAR	BEGINNING JOB TITLE	SALARY	ENDING JOB TITLE	SALARY
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FROM	TO				
MONTH	MONTH	IMMEDIATE SUPERVISOR'S NAME, TITLE AND TELEPHONE NUMBER			
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO					

SKILLS

- SAP POWERPOINT EXCEL CASHIERING ACCOUNTING
 ACCESS VISIO WORD CUSTOMER CONTACT

ANY ADDITIONAL INFORMATION ABOUT YOUR SKILLS THAT YOU WOULD LIKE US TO KNOW

MACHINERY AND EQUIPMENT

CHECK EACH ONE YOU HAVE SKILLFULLY OPERATED

- BUCKET/LADDER TRUCKS BACKHOE/FRONT END LOADERS WELDER GAS ELECTRIC
 DIGGER/DERRICK TRUCKS BULLDOZER MIG TIG
 OVERHEAD MOBILE CRANES TRENCHERS ELECTRIC CALIBRATION EQUIPMENT
 HEAVY DUTY TRUCKS FORK LIFT OTHER _____

SHOP, MATH OR SCIENCE COURSES

CHECK EACH ONE YOU HAVE SUCCESSFULLY COMPLETED

- AUTO MECHANICS HYDRAULICS ELECTRONICS BASICS MACHINING TRIGONOMETRY
 BLUEPRINT/SCHEMATICS MICROWAVE ALGEBRA CARPENTRY OTHER _____
 DIGITAL ELECTRONICS ELECTRICITY BASIC SHOP MATH WELDING - MIG/TIG _____

RESIDENTIAL HISTORY

LIST THE STATES, CITIES, COUNTIES AND COUNTRIES WHERE YOU HAVE LIVED OVER THE PAST 10 YEARS (attach additional sheets if needed)

STATE/COUNTRY	CITY	COUNTY	FROM	TO

DRIVER'S INFORMATION

COMPLETE THIS SECTION IF YOU ARE APPLYING FOR A POSITION WHERE YOU MAY BE ASKED TO DRIVE. IF YOU CHECK NO TO QUESTION ONE THIS WILL NOT NECESSARILY PRECLUDE YOU FROM BEING CONSIDERED.

1. Do you have a valid motor vehicle driver's license? YES NO
 Drivers License Number: _____ State: _____ Expiration Date: _____
2. Do you have a valid commercial drivers license? YES If yes, what class and/or endorsement(s) _____ NO
3. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 YES If yes, give date and reason _____ NO
4. Has your personal or commercial driver's license ever been
 RESTRICTED DATE: _____ PLACED ON PROBATION DATE: _____ DISQUALIFIED DATE: _____
 SUSPENDED DATE: _____ REVOKED DATE: _____
5. Have you ever been convicted of driving under the influence of alcohol or a controlled substance? YES NO

VIOLATIONS FOR THE PAST SEVEN YEARS (attach additional sheets if needed)

List all violations you have had within the last seven years starting with the most recent violation. If you have speeding violations, state how fast you were going and the posted speed limit. If you have no violations, write "No Violations."

MONTH/YEAR	TYPE OF CITATION (moving, speeding, illegal turn, etc.)	FOR SPEEDING TICKETS, YOUR SPEED/POSTED LIMIT	CITY, STATE, COUNTY

COMPLETE THE SECTION BELOW ONLY IF APPLYING FOR A CDL REQUIRED POSITION

LIST ALL DRIVERS LICENSES YOU HAVE HAD

STATE	COUNTY	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tank, flat, etc.)	DATE BEGINNING	DATE ENDING	APPROXIMATE TOTAL MILES ANNUALLY
STRAIGHT TRUCK				
TRACTOR AND SEMITRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR THE PAST SEVEN YEARS (attach additional sheets needed)

List all motor vehicle accidents you have had within the last seven years starting with the most recent accident. If you have no accidents, write "No Accidents."

	DATES	NATURE OF ACCIDENT (head-on, rear-end, etc.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

U.S. MILITARY SERVICE

FROM (Month/Year)	TO (Month/Year)	BRANCH OF SERVICE	RANK AT DISCHARGE	AWARDS RECEIVED (optional)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE APPLICATION.

I certify that all statements I have made in this application and attached materials are true and complete. I understand that misrepresentation or omission of information asked of me in the employment process may result in denial of employment or in termination.

I authorize Puget Sound Energy (PSE) to conduct a criminal background check, motor vehicle check, to verify education and work history information, and to check references. I release PSE and all providers of information from any liability occurring in connection with sharing information for the purpose of considering me for employment.

I understand that if I am hired, I must prove that I meet the age requirements of applicable laws and that I am legally authorized to work in the United States. I understand that I may be required to pass pre-employment and/or random drug/alcohol tests and security clearance.

I agree, as a condition of employment, to comply with PSE's rules and job requirements. I understand that if I accept a position that is within a job classification covered by a collective bargaining agreement, I will be expected to adhere to the Union's requirements. No promise of employment has been made to me.

I understand that if I accept a position covered by 49 CFR 391 the information I provide regarding current and/or previous employers may be used, and those employers may be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information.

By my signature below (or by electronically submitting this application) I agree to the conditions stated above.

Applicant's Signature _____ Date _____

Thank you for your interest in working at Puget Sound Energy

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

AFFIRMATIVE ACTION / EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

Puget Sound Energy is a federal contractor. As such, we are required to maintain demographic information about our applicants and employees. This information will be kept strictly confidential and separate from your application for employment. Providing this information is voluntary.

JOB TITLE AND TRACKING NO. (as it appears on the website)	
NAME	DATE
REFERRAL SOURCE (How did you learn about this open job?)	
<p><i><u>I primarily self identify with the following group:</u></i> Please mark the applicable group (defined by Governmental terms)</p> <p><input type="checkbox"/> HISPANIC or LATINO - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> BLACK OR AFRICAN AMERICAN - A person having origins in any of the Black racial groups of Africa.</p> <p><input type="checkbox"/> NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.</p> <p><input type="checkbox"/> ASIAN - A person having origins in any of the original peoples of the Far East, southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.</p> <p><input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE - A person having origins in any of the original peoples of North and South America including Central America, and who maintain tribal affiliation or community attachment.</p> <p><input type="checkbox"/> WHITE - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.</p> <p><input type="checkbox"/> TWO or MORE RACES - All persons who identify with more than one of the above groups.</p>	
<p>GENDER</p> <p><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p>	
<p><i><u>I qualify under the Affirmative Action Program as:</u></i></p> <p><input type="checkbox"/> DISABLED VETERAN - A veteran of the U.S. military, ground, naval or air service who is <u>entitled to compensation</u> (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, <u>OR</u>, a person who is discharged or released from active duty because of a <u>service-connected disability</u>.</p> <p><input type="checkbox"/> OTHER PROTECTED VETERAN - A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a <u>campaign badge</u> has been authorized, under the laws administered by the Department of Defense. http://www.opm.gov/veterans/html/vgmedal2.asp</p> <p><input type="checkbox"/> RECENTLY SEPARATED VETERAN (3 years) Discharge date _____ - Any veteran during a three year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.</p> <p><input type="checkbox"/> ARMED FORCES SERVICES MEDAL VETERAN - Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Services service medal was awarded pursuant to Executive Order 12985: *May be documented via individual veteran's separation document DD Form 214 (i.e., Certificate of Release or Discharge from Active Duty). http://www.tioh.hqda.pentagon.mil/Awards/ArmedForcesServiceMedal.htm</p>	
<p><i><u>AND / OR:</u></i></p> <p><input type="checkbox"/> An INDIVIDUAL WITH A DISABILITY - A physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or being regarded as having such an impairment. Nature of my disability:</p> <p>_____</p> <p>Special accommodations, methods, or procedures which might qualify me for positions that I might not otherwise be able to perform:</p> <p>_____</p>	

**FAIR CREDIT REPORTING ACT
EMPLOYEE DISCLOSURE AND AUTHORIZATION**

Due to the nature of its business and the qualifications for and requirements of particular jobs, Puget Sound Energy (PSE) evaluates, among other things, the employment history, credit worthiness, credit standing, credit capacity, character, general reputation, and other personal characteristics of persons considered and/or hired for employment.

Before hiring any person, for any person hired, and from time to time thereafter, PSE may wish to obtain a "consumer report" from a consumer reporting agency in order to evaluate the individual for hiring, promotion, reassignment or retention. If such a report is obtained regarding you, it may include details regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. You have a right to request that PSE provide you with a complete and accurate disclosure of the nature and scope of any investigation requested. PSE will use any such report received regarding you only for permissible purposes. PSE will give you a copy of the report and a statement of your rights under the Fair Credit Reporting Act before making any adverse decision based, in whole or part, on the report. Your authorization for PSE to obtain such report(s) is a condition of your candidacy for initial and continued employment.

I, _____, (print name) have read and understand the above disclosure. I hereby authorize Puget Sound Energy to obtain a consumer report (or reports) regarding me for the purposes described above.

Signature _____

Dated _____