

SOUTH COLUMBIA BASIN IRRIGATION DISTRICT
PO Box 1006
Pasco, WA 99301

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. Qualified applicants receive consideration for employment without regard to sex, marital status, race, color, creed, religion, national origin, age, the presence of a disability, or status as a disabled or Vietnam-era veteran.

To receive proper consideration of this application, ALL questions on this application must be answered.

POSITION APPLIED FOR: _____ **DATE:** _____

How did you learn about this opening? _____

NAME: _____	SOCIAL SECURITY NO.: _____
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Current Address

STREET: _____	CITY: _____
STATE: _____	ZIP CODE: _____
APARTMENT NO.: _____	TELEPHONE NO.: _____

Type of employment desired: _____ Full Time _____ Part Time _____ Temporary

If part time, specify days and hours: _____

Date you are available to start work: _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Are you willing to work overtime if necessary? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

Have you ever been employed by us? _____ Yes _____ No If yes, when? _____

Are you over the age of 18? _____ Yes _____ No If not, state your age: _____

Will you be able to perform the duties of the position for which you are applying with or without accommodation? _____ Yes _____ No

State name(s) of any relative(s) in our employ and your relationship to them:

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, the South Columbia Basin Irrigation District will verify the status of every individual offered employment with the District. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

<u>EDUCATION</u>	<u>NAME AND LOCATION</u>	<u>MAJOR</u>	<u>DEGREE</u>
High School	_____	_____	_____
College	_____	_____	_____
College	_____	_____	_____
Other Training	_____	_____	_____

Please identify licenses, certificates, skills, qualifications or experience that we should consider in reviewing your application for employment. _____

PRIOR WORK HISTORY (List in order, last or current employer first. Account for any gaps in your employment.)

1. Employer Name: _____

Employer Address: _____

Telephone Number of Employer: _____

Job Title: _____

Dates Employed: From _____ To _____

Supervisor's Name/Title: _____

Reason for Leaving: _____

Describe in detail the work you performed. (If you need more room to complete your prior work history, use additional space provided on last page or sheets of paper.)

2. Employer Name: _____

Employer Address: _____

Telephone Number of Employer: _____

Job Title: _____

Dates Employed: From _____ To _____

Supervisor's Name/Title: _____

Reason for Leaving: _____

Describe in detail the work you performed. (If you need more room to complete your prior work history, use additional space provided on last page or sheets of paper.)

3. Employer Name: _____
 Employer Address: _____
 Telephone Number of Employer: _____
 Job Title: _____
 Dates Employed: From _____ To _____
 Supervisor's Name/Title: _____
 Reason for Leaving: _____
 Describe in detail the work you performed. (If you need more room to complete your prior work history, use additional space provided on last page or sheets of paper.)

4. Employer Name: _____
 Employer Address: _____
 Telephone Number of Employer: _____
 Job Title: _____
 Dates Employed: From _____ To _____
 Supervisor's Name/Title: _____
 Reason for Leaving: _____
 Describe in detail the work you performed. (If you need more room to complete your prior work history, use additional space provided on last page or sheets of paper.)

PERSONAL REFERENCES (excluding relatives) Please list any name under which you are known to references if different from present name.

1. Name and Occupation: _____

 Dates Known: _____
 Address: _____

 Telephone Number: _____

2. Name and Occupation: _____

 Dates Known: _____
 Address: _____

 Telephone Number: _____

3. Name and Occupation: _____

 Dates Known: _____
 Address: _____

 Telephone Number: _____

Additional Space: _____

PRE-EMPLOYMENT STATEMENT (Please read carefully and sign the statement below.)

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from South Columbia Basin Irrigation District employ.
2. Any offer of employment I may receive from the South Columbia Basin Irrigation District is contingent upon my successful completion of the District's total employment screening process, including the District receiving references that it considers satisfactory.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs and a post-employment offer medical examination to determine my ability to perform essential job functions with or without accommodation. I also agree that, if employed, I may be required to submit to an alcohol or drug screening as required by duly adopted policies, rules, regulations, and procedures of the South Columbia basin Irrigation District. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to the South Columbia Basin Irrigation District for employment purposes.
4. In processing my application for employment, the District may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the company, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
5. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
6. In consideration of my employment, I agree to comply with duly adopted, rules, regulations, and procedures of the District. I further understand that no manager or representative of the District, other than the Secretary/Manager, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by the individual designated above.

SIGNATURE

DATE