

APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, or any other legally protected status.

(PLEASE PRINT or Fill in Electronically)						
Position(s) Applied For			Date of Application			
How did you learn about us? Advertisement Employment Agency	Friend Walk-In Relative Other_					
Last Name	First Name		Middle Name			
Address Number	Street	City	State	e	Zip	
Telephone Number(s)	Day	Evening	Messages			
	f age, can you provide requi	red proof of you	r eligibility to work?	Yes	□ _{No}	
Have you ever filed an appl	ication with us before?		If yes, give date	☐ Yes	∐ No	
Have you ever been employ	yed with us before?		If yes, give date	Yes	□No	
Are you currently employed	! ?			Yes	□No	
May we contact your prese	□ Yes	□No				
Are you available to work w	Yes	□No				
Are you prevented from law Immigration Status? Proof of citizenship or imm	Yes	□No				
On what date would you be	available for work?					
Are you currently available	to work: \Box Full Time \Box	Part Time	☐ Temporary			
Are you currently on "lay-off" status and subject to recall?					$ \square_{ No}$	
Salary desired?	¢					

Education

	High School			Undergraduate College/University*			Graduate/ Professional*					
School Name, Location and Phone Number						T						
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Describe Course of Study												
Did you graduate												
Describe any specialized training, apprenticeship, skills and extra curricular activities												
Describe any honors you have received												
State any additional information you feel may be helpful to us in considering your application												

*Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed.

	Indicate any languages, other than English, that you can speak, read and/or write.						
	FLUENT	GOOD	FAIR				
SPEAK							
READ							
WRITE							

List professional, trade, business or civic activities and office: You may exclude memberships which would reveal sex, race, religion, national original professional activities and office:	s held. gin, age, ancestry, or handicap or other protected status:
List all types of equipment you know how to operate:	Years of Experience:
List all computer applications you have experience:	

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities which relate to the job for which you are applying. You may exclude organizations which indicate race, color, religion, gender, national origin, mental or physical disability or other protected status.

Employer		Dates E	mployed	Work Performed	
		From	То		
Address					
Telephone Number(s)					
Job Title	Cuponicor	Starting	Final		
Job Tille	Supervisor				
Reason for Leaving					
Employer		Dates E	mployed	Work Performed	
		From	То		
Address					
Telephone Number(s	3)	Hourly Ra	ate/Salary		
	· 	Starting	Final		
Job Title	Supervisor				
Reason for Leaving					
Employer		Dates E	mployed	Work Performed	
		From	То		
Address					
Telephone Number(s	3)	Hourly Ra	ate/Salary		
	,	Starting	Final		
Job Title	Supervisor				
Reason for Leaving					
Employer		Dates E	mployed	Work Performed	
		From	То		
Address					
Tolonbono Numbor/s		Hourly D	oto/Colom/		
relephone Number(s	5)				
Job Title	Supervisor	Claring	Tinai		
Reason for Leaving					
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		rations acquired	from employ	ment or other experience	
ianze special job i	related skills and qualine	bations acquired	nom employi	ment of other experience.	
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	Address Telephone Number(s Job Title Reason for Leaving Employer Address Telephone Number(s Job Title Reason for Leaving Employer Address Telephone Number(s Job Title Reason for Leaving Employer Address Telephone Number(s Job Title Reason for Leaving Employer Address Telephone Number(s Job Title Reason for Leaving Employer	Address Telephone Number(s) Job Title Supervisor Reason for Leaving Employer Address Telephone Number(s) Job Title Supervisor Reason for Leaving Employer Address Telephone Number(s) Job Title Supervisor Reason for Leaving Employer Address Telephone Number(s) Job Title Supervisor Reason for Leaving Employer Address Telephone Number(s) Job Title Supervisor Reason for Leaving Employer Address Telephone Number(s) Job Title Supervisor Reason for Leaving	Address Telephone Number(s) Telephone Number(s) Supervisor Reason for Leaving Employer Address Telephone Number(s) Job Title Reason for Leaving Employer Address Telephone Number(s) Supervisor Reason for Leaving Employer Dates E From Address Telephone Number(s) Address Telephone Number(s) Dates E From Address Telephone Number(s) Job Title Supervisor Reason for Leaving Employer Dates E From Address Telephone Number(s) Hourly R Starting Address Telephone Number(s) Dates E From Address Telephone Number(s) Address Telephone Number(s) Telephone Number(s) Job Title Supervisor Reason for Leaving If you need additional space, please continue on the stall Skills and Qualifications	From To	

References

Give name, address and telephone number of three business references who are not related to you. **Telephone Name Address** Number 1. 2. 3. Do you have the physical and mental ability to perform the tasks on the attached job description, with or without accommodation? ☐ Yes ☐ No (If accommodation is necessary, please describe below)

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. I understand and acknowledge that the policy of the LOWER TULE RIVER & PIXLEY IRRIGATION DISTRICT is such that the existence of a criminal conviction will not necessarily disqualify my application for employment.

I understand that if offered employment, the offer may be contingent on passing a pre-employment alcohol and drug screen and a pre-employment physical and voluntarily agree to submit to these procedures. I also understand that I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance.

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 understand and hereby acknowledge that any employment relationship with LOWER TULE RIVER & PIXLEY IRRIGATION DISTRICT is of an "at will" nature, which means that the employee may resign at any time and the LOWER TULE RIVER & PIXLEY IRRIGATION DISTRICT may discharge the employee at any time with or without cause. I also understand that 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 LOWER TULE RIVER & PIXLEY IRRIGATION DISTRICT.

In the event of employment, I understand that false or 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 LOWER TULE RIVER & PIXLEY IRRIGATION DISTRICT.

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 LOWER TULE RIVER & PIXLEY IRRIGATION DISTRICT, I am entitled to copies of any such records obtained, unless I mark the checked 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 para	graph above.
Signature of Applicant:	Date:
NOTES:	