

TODAY'S DATE: _____

Application for Employment

An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resume may also be attached. Each questions should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature. This application is to fill the current open position only.

Personal Information:

Name: _____

Last, First, Middle Other Names Used:

Address: _____

Street, City, State, Zip

Telephone: _____

(Format xxx-xxx-xxxx) Home Cell Message

Email Address: _____

Position Applying For:

Office Position Ditchrider O&M Crew

Are you applying for:

F/T P/T Temp/Seasonal

Available Start Date: _____

Are you legally eligible to work in the United States? Yes No
(Federal Law requires proof of identity and employment authorization for all new employees)

Can you travel if the job requires it? Do you have a valid driver's license? Yes No State: _____
 Yes No Do you have a valid Class A license? Yes No
 List endorsements: _____

Do you have a Chemical Applicators License Yes No

Education/Training :

<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Dates Attended</u> <u>From/To:</u>	<u>Diploma,</u> <u>Degree &</u> <u>Major</u>	<u>Graduated?</u>
High School					
College					
Other Business, Vocational, Military					

TODAY'S DATE:

Employment History: (Please Start With the Most Recent, Ending with Age 18, Excluding Part-Time Positions Held While Obtaining Higher Education - use Additional Paper as Necessary.)

Employer:

Address:

Street, City, State, Zip

Telephone:

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street, City, State, Zip

Telephone:

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street, City, State, Zip

Telephone:

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Please attach paper for additional information if needed.

TODAY'S DATE: _____

Technology Skills: (List All Skills & Software Applications You Have Experience Using)	
Word Processing	_____
Spreadsheets	_____
Other Software	_____
Microsoft Office	Yes <input type="checkbox"/> No <input type="checkbox"/>
Scanner	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copier	Yes <input type="checkbox"/> No <input type="checkbox"/>
Digital Phone System	Yes <input type="checkbox"/> No <input type="checkbox"/>
Internet Skills	Yes <input type="checkbox"/> No <input type="checkbox"/> Including Email Usage? Yes <input type="checkbox"/> No <input type="checkbox"/>
Professional Licenses or Certificates Held?	_____
Military	
Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho Code §65-503 or its successor? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, fill out Page 5 of Application & attach proper documentation.	
Have you previously claimed such preference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been charged with a crime (other than a minor traffic infraction?) Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, when & where? _____ Please Explain: _____	
Are you related by blood or marriage to any person now employed by Black Canyon Irrigation District? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, give name and relationship to you: _____	

Emergency Contact Name: _____

Emergency Contact Number: _____

CERTIFICATION

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and the Employer may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant: _____ Date: _____

IT IS THE POLICY of Black Canyon Irrigation District to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodation will be made for disabled persons.

TODAY'S DATE: _____

VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here _____ and proceed to the next page.

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

(Reference Idaho Code, Title 65, Chapter 5, and U.S.C §2108)

The term "active duty" means full-time duty in the Armed Forces, but NOT active duty for training.

PART 1. Preference Eligible Veterans:

- I have a service-connected disability of 10% or more.
- I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- I do not meet any of the selections above, but I served on active duty in the armed forces of the United States for a period of more than one-hundred eight (180) days and was honorably discharged.

PART 2. Documentation & Signature:

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer.

I have attached a copy of DD-214. Veteran's preference will not be considered without this document

Name (Please Print)

Signature

Date

TODAY'S DATE: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with Black Canyon Irrigation District do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of _____, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitable for employment by the Black Canyon Irrigation District. I hereby agree that any person(s) entities who may furnish such information concerning me shall not be held liable for providing this information and I do hereby release said person(s) and entities from any and all liability which may be incurred as of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Witness

Date

Printed Name, including all names I have previously used or been know by:

Phone Number: _____

DOB: _____