## **DELTA LAKE IRRIGATION DISTRICT**

### **APPLICATION FOR EMPLOYMENT**

### APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE						
Middle Maiden						
City State Zip						
Days/hours available to work  No Pref Thur  Mon Fri  Tue Sat  Wed Sun						
Can you work nights?						
RT-TIME ONLY						
NTION NUMBER OF YEARS MAJOR & DEGREE (ress)						
HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes  If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.						
AFF						

D. 10 1 T. 0.1 T. 0.1 T. 0.1 T. 1. T	-	

### APPLICATION FOR EMPLOYMENT

DO YOU HA	AVE A DRIVE	R'S LICE	ENSE?	☐ Yes	□ No					
What is you	r means of tra	ansportat	ion to wor	k?						
Driver's license number State of Expiration date				of issue _		☐ Operator	□ Com	mercial (CDL)	□Chauffeur	
Have you ha	ad any accide	nts durin	g the past	three ye	ars?				nany?	
Have you ha	ad any moving	g violatio	ns during	the past	three yea	rs?		How M	lany?	
					OFFI	CE ONLY				
Typing	□ Yes □ No		_ WPM		10-key	☐ Yes ☐ No	Word Proces	ssing	☐ Yes ☐ No	WPM
Personal Computer	☐ Yes ☐ No	PC Mac	<u> </u>							
Please list to	wo references	s other th	an relative	es or pre	vious emp	loyers.				
Name						Name _				
Position						Position				
Company _						Company				
Address			Address							
Telephone	()					Telepho	ne <u>( )</u>			
	v to summariz								plete backgrour is for the specifi	

#### **APPLICATION FOR EMPLOYMENT**

MILI	TARY				
HAVE YOU EVER BEEN IN THE ARMED FORCES?	☐ Yes ☐ No				
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	□ Yes □	No			
Specialty Date Er			<b>)</b>		
Work Please list your work experience for the past five years beginning with your most recent job held.  Experience If you were self-employed, give firm name. Attach additional sheets if necessary.					
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
		То	Final		
	Your last job title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned,	advancements or pror	notions while you work	ced at this company.		
	<u> </u>	<u> </u>			
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
		То	Final		
	Your Last Job Title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					

1

ΔPPI	ICAT	ION.	FOR	<b>EMPI</b>	OYMENT

Work Please list your work experience for the past five years beginning with your most recent job held.  If you were self-employed, give firm name. Attach additional sheets if necessary.						
Name of employ	yer			Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number	Code				From	Start
					То	Final
Reason for leav	ving (be specific)					
List the Jobs you	u held, duties performed, ski	iis usea oi	r learned, a	advancements or pro	motions while you wor	ked at this company.
				I	ı	·
Name of employ Address				Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number	Code				From	Start
					То	Final
				Your last job title		
Reason for leav	ving (be specific)					
List the jobs you	u held, duties performed, skil	lls used or	r learned, a	advancements or pro	motions while you wor	ked at this company.
-	t your present employer?	□ Yes	□ No			

#### PLEASE READ CAREFULLY

#### **APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Delta Lake Irrigation District (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Delta Lake Irrigation District, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and the General Manager may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant	Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

POST EMPLOYMENT INFORMATION FORM							
TO BE COMPLETED AFTER EMPLOYEE H	HAS BEEN HIRED	)					
Height ft in.	Birth date						
Married ☐ Yes ☐ No If married, how lo	Married ☐ Yes ☐ No If married, how long?			rced 🗅	Widowed		
Full name of spouse	Occupation						
Name of company	Telephone (	)					
PERSON	I TO BE NOTIFIED	O IN CASE OF EM	ERGENCY				
Name		Telephone (	)				
Address		Relationship					
		ONLY: LIST ALL					
NAME	IONSHIP	BIRTH DA	ГЕ	SSN			
		COMPLETED MPLOYER					
Date of employment	Job title		_ Dept				
Location		_ □ Full-time	□ Part-ti	me 🛚 Salaried			
Applicant's signature acknowledging above	information						
Drug test confirmation number		<del></del>					
Name of person verifying information							
Name of person authorizing employment _							

## **Applicant Selection Criteria Record**

JOB TITLE							
CANDIDATES CONSIDERED (INCLUDING MINORITIES AND FEMALES)							
NAME	MALE/ FEMALE	ETHNIC CODE*	ON LAB SECTION/ OFF LAB				
*ETHNIC CODES: 1-BLACK, 2-ORIENTAL, 3-HISPA	NIC, 4-AMERICAN I	 NDIAN, 0-OTHE	R				
CANDIDATE SELECT	ΓED						
NAME	MALE/ FEMALE	ETHNIC CODE	SOURCE				
SELECTION CRITER	RIA						
REASONS CANDIDATE SELECTED WAS P	REFERABLE TO OT	HERS					
	ORIGINATOR'S	SIGNATURE	DATE				

# **ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge recei INVESTIGATION and that I have read and ur and/or "investigative of this authorization and to any law enforcement private), information se requested by Verified www.VerifiedFirst.com Authorization shall be	A SUMMAnderstand be consumer resthroughout agency, adrervice bureau First, 1550 m and/or E	RY OF YO oth of the ports" by my emplo ministrate u, employ South Te mployer.	ose document oyment, if apport, state or fewer, or insurarech Lane, Suragree that	ts.  olicatede nce	I hereby authorized the season of the season	CREDIT REPOR ze the obtaining Employer") at an I hereby authorize ution, school on ish any and all ba Idaho 83642; T	eTING ACT and certify of "consumer reports" by time after receipt of the, without reservation, or university (public or ackground information tel. # 1-888-670-9564;
was requested by of the consumer a copy of any inv	y the Emplo reporting a restigative or identified	oyer, and gency that consumer above dir	if such repor at furnished t report requ	t w the est	be informed when was requested, informed in the report. You have ted by the Emplog below, you ack	formed of the na e the right to ins yer by contactir	nme and address pect and receive ng the consumer
<b>New York City a</b> required by fede to the Employer.	ral, state or	•	•		nd authorize the ddress(es) and/or		•
_		-			the right to reque es under the Wash		
		_				_	
of a consumer re			-		check this box if oyer.	you would like	to receive a copy
	PL	EASE C	OMPLETE	E A	ALL FIELDS B	ELOW	
Last Name		First N	lame			Middle Name	check box if no middle name
Social Security Number* ###-###		Date o	of Birth* month/dat	e/yea	Email Address required		
Driver's License Number	Issuing State	* Forme	Former Names/Aliases separate aliases with comma				
CURRENT ADDRESS					FORMER EMPLOYER	<b>1</b>	
Street			Apt/Unit		Company		City, State
City		State	Zip		Position		Dates of Employment
*This information will be used for back	ground screening p	urposes only an	d will not be used as h	niring	g criteria.		
Applicant Signature					Date		

Revision 07/26/17 www.VerifiedFirst.com

# Delta Lake Irrigation District DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Delta Lake Irrigation District ("the District") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 888.670.9564;**<a href="https://www.verifiedfirst.com">www.verifiedfirst.com</a>. The scope of this disclosure allows the Company to obtain consumer reports now and throughout the course of your employment for an employment purpose to the extent permitted by law.

Signature:	Date:	

[End of Document] p. 1 of 1

### APPLICANT COPY

### A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Para información en espanol, visite <u>www.consumerfmance.gov/learnmore</u> o escribe a la Consumer Financial Protection Bureau, 1700 G Street N. W., Washington, DC 20552.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to <a href="https://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <a href="https://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See <a href="https://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to <a href="https://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a>.
- You many limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

For information about your federal rights, contact:

TYPE OF BUSINESS	CONTACT				
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W., Washington, DC 20552				
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W., Washington, DC 20580 (877) 382-4357				
<ul> <li>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</li> <li>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</li> <li>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</li> <li>d. Federal Credit Unions</li> </ul>	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box. 1200, Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11, Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street, Alexandria, VA 223 14				
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E., Washington, DC 20590				
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423				
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor				
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200, Washington, DC 20416				
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E., Washington, DC 20549				
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive, McLean, VA 22102-5090				
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W., Washington, DC 20580 (877) 382-4357				