

OKANOGAN IRRIGATION DISTRICT  
APPLICATION FOR EMPLOYMENT

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Available for Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If employed and under 18, can you provide a work permit?  Yes  No

Have you ever been employed by this employer?  Yes  No

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

If yes, give name: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration status?  Yes  No

Do you have a valid driver's license in this state?  Yes  No

License No. \_\_\_\_\_

Can you perform the essential functions of the job(s) for which you are applying?  Yes  No

Have you pled guilty or been convicted of a felony?  Yes  No

(Please note that a "YES" answer will not bar you from consideration for employment.)

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Okanogan Irrigation District is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws.

**EDUCATION**

**High School:**

School Name \_\_\_\_\_ Years Completed 9 10 11 12

**College:**

Name of School \_\_\_\_\_ Years Completed 1 2 3 4

Course of Study \_\_\_\_\_



**Graduate:**

School Name \_\_\_\_\_ Years Completed 1 2 3 4

Course of Study \_\_\_\_\_

**SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS**

Summarize special skills and qualifications, volunteer activities, military experience, employment, or other activities related to the job you are seeking:

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List three (3) non-relatives who are familiar with your qualifications, work history, and ability.

<u>Name/Telephone</u>	<u>Occupation/Relationship</u>	<u>Years Known</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. List your last 4 jobs in order. Do not omit any job.

Employer: \_\_\_\_\_ Years employed: \_\_\_\_\_

From (mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ To (mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Job position: \_\_\_\_\_

Your salary: \_\_\_\_\_

Job Duties: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_



Employer: \_\_\_\_\_ Years employed: \_\_\_\_\_  
From (mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ To (mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Job position: \_\_\_\_\_  
Your salary: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
What did you like least about your job? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_



Employer: \_\_\_\_\_ Years employed: \_\_\_\_\_  
From (mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ To (mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Job position: \_\_\_\_\_  
Your salary: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
What did you like least about your job? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_



Employer: \_\_\_\_\_ Years employed: \_\_\_\_\_  
From (mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ To (mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_



Job position: \_\_\_\_\_

Your salary: \_\_\_\_\_

Job Duties: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character, and qualifications.

**Yes**       **No**

I will be responsible for familiarizing myself with all the rules and regulations of the Employer as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of the Employer or at my option, without notice, at anytime, except as specifically set forth in writing in a current individual employment agreement or collective bargaining agreement.

**Yes**       **No**

I also understand that no representative of the Employer has any authority to enter into any employment agreement for any specified period, or to assure me on any future position, benefits, or terms and conditions of employment, except as specifically stated in a current individual written agreement or collective bargaining agreement.

**Yes**       **No**

I have read, understand, and agree with the above

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for a position with Okanogan Irrigation District, I hereby authorize any employers or supervisors, educational institutions, personal references and/or other persons to release information about my work and educational history for use in determining my qualifications for this position.

This release of information covers my employment record in general, including information on the following questions:

1. Date of employment
2. Position held when started and left.
3. The quality of my work
4. The quantity of my work
5. My attendance habits (excluding workers' compensation, pregnancy, and other protected absences).
6. My relationship with co-workers and supervisors
7. My attitude toward work (cooperative, positive, etc.)
8. Reason for leaving.
9. Eligibility for re-hire
10. Strong points
11. Weak points
12. Whether I have had outbursts of temper, threatened, provoked fights with or assaulted others, engaged in hostile or violent behavior, have a criminal record or any traits that would present security or safety issues for others.
13. Other relevant information regarding my performance, skills, ability, and suitability for employment is sought.

All former employers who provide such information are indemnified and released from liability arising from such disclosures.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Name)

