

ALTA IRRIGATION DISTRICT EMPLOYMENT APPLICATION

An Equal Opportunity Employer

The Company gives all applicants for employment equal consideration regardless of race, color, religion, sex, pregnancy, age, marital status, creed, national origin, veteran status, physical or mental disability, gender identity/gender expression, sexual orientation or any other protected status.

Please Print

Name _____
Last First Middle

Address _____
No. & Street City State Zip

Phone No. () _____ () _____ () _____
Home Phone Cell Phone Other Phone Contact

Employment Desired

Position applying for: _____ Salary desired: _____

If hired by the Company, on what date can you start work? _____

Personal Information

Have you ever applied to or worked for the Company before? Yes No If yes, when? _____

Do you have any friends or relatives working for the Company? Yes No

If yes, state name(s) and relationship: _____
Name Relationship

Are you at least 18 years old? Yes No (If under 18, hire is subject to verification that you are of minimum legal age.)

Are you legally entitled to work in the United States? Yes No

(Note: In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.)

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes No If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA/FEHA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Educational Background

School Name and Location _____

Major _____

List Diploma or Degree _____

High School (last attended) _____

College/University (last attended) _____

If you expect to complete an educational program in the near future, please indicate what type or program and expected completion date:

Employment History

(Please list any additional employment on a separate sheet of paper).

Please explain all periods of unemployment

COMPANY NAME & ADDRESS	From Mo./Yr	To Mo./Yr	Position Title	Supervisor's Name	Reason for Leaving
1.					
2.					
3.					
4.					

From _____ To _____ Reason: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name	Address	Phone Number	Occupation	No. of Years Acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am hired, regardless of the time elapsed before discovery.

_____ I authorize the company to investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company information related to my work record, without giving me prior notice of such disclosure. I release the company, my former employers and all others from any claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

_____ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Date _____

Signature _____