# Application For Employment

Central California
Irrigation District
1335 West "I" Street
Los Banos, CA 95365

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)***

| Position(s) Applied For | Date of Application |
|---|---|
| How did you learn about us? | |
| ☐ Friend/Relative: (name) _____ ☐ Website: (name) _____<br>☐ Advertisement (publication) _____ ☐ Other: _____ | |

| Last Name | First Name | Middle Name | | |
|---|---|---|---|---|
| Address | City | State | Zip | |
| Telephone Number (Day) | Telephone Number (Evening) | | | |
| Email Address | | | | |

Are you at least 18 years old? (Hire is subject to verification of minimum legal age.) ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

If yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No

If yes, give date _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

On what date would you be available for work? _____

Are you currently available to work: ☐ Full Time ☐ Part Time ☐ Temporary

Are you authorized to work in the U.S. without restriction? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

**- WE ARE AN EQUAL OPPORTUNITY EMPLOYER -**

# Education

| | High School | Undergraduate College/University* | Graduate/ Professional* |
|---|---|---|---|
| School Name and City | | | |
| No. of Years Completed | | | |
| Describe Course of Study | | | |
| Describe any specialized training, apprenticeship, and skills | | | |
| 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.

List professional, trade, business or civic activities and offices held.
***You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.***

# 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.

**1.**

| Employer | Dates Employed | | **Work Performed** |
|---|---|---|---|
| | From | To | |
| Telephone Number(s) | | | |
| Address | | | |
| Job Title / Supervisor | | | |
| Reason Considering Leaving /Reason Left | | | |

**2.**

| Employer | Dates Employed | | **Work Performed** |
|---|---|---|---|
| | From | To | |
| Telephone Number(s) | | | |
| Address | | | |
| Job Title / Supervisor | | | |
| Reason for Leaving | | | |

**3.**

| Employer | Dates Employed | | **Work Performed** |
|---|---|---|---|
| | From | To | |
| Telephone Number(s) | | | |
| Address | | | |
| Job Title / Supervisor | | | |
| Reason for Leaving | | | |

**4.**

| Employer | Dates Employed | | **Work Performed** |
|---|---|---|---|
| | From | To | |
| Telephone Number(s) | | | |
| Address | | | |
| Job Title / Supervisor | | | |
| Reason for Leaving | | | |

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

# References

Give name, address and telephone number of three business references who are not related to you.

| | Name | Relationship | Email Address | Telephone Number |
|---|---|---|---|---|
| **1.** | | | | |
| **2.** | | | | |
| **3.** | | | | |

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 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 CCID 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 proof of insurance.

I understand and hereby acknowledge that any employment relationship with CCID is of an "at will" nature, which means that the employee may resign at any time and the CCID 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 CCID.

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 CCID.

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 CCID, 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 paragraph above.

Signature of Applicant: _____ Date: _____

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.

**NOTES:**