SAUCELITO IRRIGATION DISTRICT
20712 AVENUE 120
PORTERVILLE, CALIFORNIA 93257
(559) 784-1208

APPLICATION FOR EMPLOYMENT

POSITION:_____ **DATE OF APPLICATION**_____

I. PERSONAL

Name_____ Address_____

City_____ State_____

Home Telephone_____ Cell Phone_____

Driver's License No._____

Employee must have legal right to work in the United States. If hired, can you show proof? Yes_____ No_____

Name, address, and telephone number of person to be notified in case of accident:

_____

II. AREAS OF SPECIAL SKILLS OR EXPERIENCE (Applicable to this application).

_____Accounting	_____Payroll	_____Carpentry
_____Bookkeeping	_____Personnel	_____Electrical
_____Computer	_____Purchasing	_____Maintenance
_____Excel	_____Secretarial	_____Painter
_____Word	_____Shorthand wpm____	_____Plumber
_____Calculator	_____Typing wpm____	_____Machinist
_____Other	_____Other	_____Other

_____

_____

List machinery, tools, and equipment, including heavy equipment such as tractors, backhoes, etc., you can operate proficiently:

_____

_____

III EDUCATION

	Graduated	
Elementary_____	Yes___	No___
High_____	Yes___	No___
College or University_____		
_____	Yes___	No___
Business or Trade School_____	Yes___	No___

List any degrees and/or certifications received _____

_____

EXPERIENCE RECORD

IV. FORMER EMPLOYERS (Account for employment over the last 6 years. Attach a separate sheet if needed.)

1. Employer:_____ Address_____
   Dates Employed: From_____ to _____ Position Held_____
   Immediate Supervisor_____ Monthly Salary_____
   Duties:_____
   _____
   Reason for Leaving:_____
   _____

2. Employer:_____ Address_____
   Dates Employed: From_____ to _____ Position Held_____
   Immediate Supervisor_____ Monthly Salary_____
   Duties:_____
   _____
   Reason for Leaving:_____
   _____

3. Employer:_____ Address_____
   Dates Employed: From_____ to _____ Position Held_____
   Immediate Supervisor_____ Monthly Salary_____
   Duties:_____
   _____
   Reason for Leaving:_____
   _____

4. Other experience applicable to position applied for:_____

_____

(a) May we contact your present employer in regard to your work?

Yes_____ No_____

(b) Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position?

Yes_____ No_____ (If so, explain below.)

(c)

_____

V. PERSONAL REFERENCES: (List three persons NOT related to you who are willing to provide professional and/or character references for you. DO NOT repeat names of supervisors listed under FORMER EMPLOYERS.)

	Name	Address	City	Phone Number
1.				
2.				
3.				

VI.

1. Do you have any relatives in our employment? Yes_____ No_____

Name_____Position Held_____

2. A general physical examination to confirm your physical qualification to work will be required. Included in that exam will be a drug screening. The results of both exam and screening will be kept confidential by the District. Do we have your authorization to review the results of said exam and drug screening?

Yes_____No_____

I certify that the statements made by me in this application are true and complete to the best of my knowledge.

I further authorize the physician and/or lab performing the physical exam and drug screening to release the results to the District.

_____
Initial

_____
Signature

_____
Date available for work

NOTE: Attach additional information if you so desire.

NOTICE: Successful applicants will be required to establish and maintain throughout their employment proof of their insurability to the satisfaction of the District's insurance carrier. Be advised that employees' driving records will be submitted to the District's insurance carrier periodically for proof of insurability.

We wish to thank you for submitting your application; however, please be advised that only the successful candidates will receive any notification.