**Application for Employment**

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. Equal access to programs, services and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact the HR/Safety Program Manager. **Please print.**

Name Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

Please list any other names you have been known by?

Address

(Street) (City) (State) (Zip)

Mailing Address

(Street) (City) (State) (Zip)

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone Number

Email

Do you have a valid WA Driver’s License (Y or N) Do you have a current CDL endorsement?

Position applying for

Have you applied with us before? If so when

Do you have friends/relatives working for the District? Yes No If yes, name and relationship

**Education**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **School Name** | **Years Completed** | **Diploma/Degree**  **(Yes/No)** | **Course of Study/Major** | **Specialized Training, Skills** |
| **High School** |  |  |  |  |  |
| **College/University** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

**Employment History**

Please list your present or previous employer(s) in chronological order with present or last employer first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. Add additional pages if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employer** | **Supervisor** | | **May we contact?** |
|  |  | | Yes No |
| **Street Address** | | | **Phone #** |
|  | | |  |
| **Dates Employed (Month/Year)** | | **Reason for Leaving** | |
|  | |  | |
| **Job Title and Duties** | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employer** | **Supervisor** | | **May we contact?** |
|  |  | | Yes No |
| **Street Address** | | | **Phone #** |
|  | | |  |
| **Dates Employed (Month/Year)** | | **Reason for Leaving** | |
|  | |  | |
| **Job Title and Duties** | | | |
|  | | | |

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| --- | --- | --- | --- |
| **Name of Employer** | **Supervisor** | | **May we contact?** |
|  |  | | Yes No |
| **Street Address** | | | **Phone #** |
|  | | |  |
| **Dates Employed (Month/Year)** | | **Reason for Leaving** | |
|  | |  | |
| **Job Title and Duties** | | | |
|  | | | |

Have you ever been involuntarily terminated or asked to resign from any job?  Yes  No

If yes, please explain

Please explain any gaps in your employment history

|  |
| --- |
|  |

Please list any other experience, job related skills, additional languages, or other qualification that you believe should be considered in evaluating your qualification for employment

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Service Record** | |
| Branch of Military Service | Discharge Date |
| Present Membership in  National Guard or Reserves | Date obligation ends |

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional References** (Give the names of three professional references who are **not** related to you) | | | |
| Name | Relationship | Phone or Email | Years Known |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal References** (Please list three people who know you well) | | | |
| Name | Relationship | Phone or Email | Years Known |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**General Information**

Can you travel if the position requires it?..................................................................................................................  Yes  No

Are you available to work………..  Full-Time  Part-Time  Weekends  Overtime

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

Yes  No

(The District complies with the ADA and considers reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.)

**Applicant Statement and Agreement**

Please read and initial each paragraph below., If there is anything that you do not understand, please ask.

I hereby authorize the District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the District any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the District, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

In the event of my employment with the District, I understand that I am required to comply with all rules and regulations of the District.

If hired, I understand and agree that my employment with the District is at-will, and that neither I, not the District is required to continue the employment relationship for any specific term. I further understand that the District or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

I understand that safety of employees is extremely important to the District and that the District is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, 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 employed, regardless of the time elapsed before discovery.

I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

I understand that substance abuse will not be tolerated by the Yakima-Tieton Irrigation District. Passing a drug test is a requirement for employment. Any job offer will be withdrawn if either the drug or alcohol tests are failed.

**MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.**

Date Signature

Print