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# Hermiston Irrigation District

## Application for Employment

Print or type neatly, accurately and thoroughly. Attach supplementary pages if necessary. Exclude any reference which may reveal or tend to reveal your race, sex, color, religion or national origin.

### General Information

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Alternate Number: \_\_\_\_\_  
Position(s) applied for: \_\_\_\_\_ Email address: \_\_\_\_\_

### Availability for Work

An I-9 form must be completed with proper identification upon employment.

Date available to work: \_\_\_\_\_

Approximate wage desired: \_\_\_\_\_

#### Interested in Working:

- Full-time  
 Part-time  
 Temporary  
 Seasonal

### Personal

Referred by: \_\_\_\_\_

Have you ever been convicted of a felony, or any other crime involving theft, dishonesty, drug violation or other crime related to the position for which you are applying?  Yes  No  
(A criminal record does not automatically bar employment.)

Do you have relatives working for the district?  Yes  No

If YES, give name and relationship: \_\_\_\_\_

Are you 16 years of age or older?  Yes  No

Have you ever been employed by an irrigation district?  Yes  No

If YES, give date(s): \_\_\_\_\_

Do you have a VALID Driver's License? \_\_\_\_\_

Have you had a physical in the past 2 years? \_\_\_\_\_

Do you have a Pesticide Applicator's License? \_\_\_\_\_

What types of Heavy Equipment or Machinery can you operate? \_\_\_\_\_

Location: \_\_\_\_\_

If so, What Type? \_\_\_\_\_

Can you obtain one if hired? \_\_\_\_\_

### Previous Employment

Do you authorize us to contact your previous employers for references?  Yes  No

(list in order of most recent employment)

Name of present or last employer:	Kind of Business:	Address:	
Starting Date / Ending Date:	Starting Pay:	Final Pay:	Reason for Leaving:
Job Title:	Name/Title of Supervisor:		Phone Number:

Describe major duties:

<b>Name of previous employer:</b>	Kind of Business:	Address:	
Starting Date / Ending Date:	Starting Pay:	Final Pay:	Reason for Leaving:
Job Title:	Name/Title of Supervisor:		Phone Number:

Describe major duties:

<b>Name of previous employer:</b>	Kind of Business:	Address:	
Starting Date / Ending Date:	Starting Pay:	Final Pay:	Reason for Leaving:
Job Title:	Name/Title of Supervisor:		Phone Number:

Describe major duties:

### Education

	High School	College/University	Graduate/Professional	Other Certificates
School Name:				
Location:				
Graduated:				
Grade Average:				
Course of Study:				

### Special Skills and Qualifications

(Summarize special skills and qualifications acquired from education, training, or employment:)

Foreign Languages Understood and Spoken: \_\_\_\_\_

List any licenses or certificates you have which are applicable to the position for which you are applying:

### References

Name:	Phone:	Occupation:	Years Known:
1			
2			
3			
4			

**Read Carefully**

The information contained in this application is correct and accurate to the best of my knowledge. I understand that employment is subject to verification of applicable lawful age and legal right to work in the United States. I will furnish and submit such lawful proof, documents and permits as may be necessary to verify employment eligibility.

I authorize investigation of the information contained in this application of other matters concerning my past employment, which may be pertinent to the position for which I am applying. I hereby release from any and all liability and responsibility all persons, companies or corporations supplying such information and the district in obtaining the same.

I understand that all applicants considered final candidates for a position will be tested for the presence of illegal drugs as part of the application process.

I also understand that any applicant who refuses to submit to drug testing, refuses to sign the consent form, fails to appear for testing, tampers with the test, or fails to pass the pre-employment drug test will be ineligible for hire.

If hired, I agree to comply with safety rules and requirements, and other standards of conduct required by the district.

I understand that any misleading or incorrect statements may render this application void and in such event, if hired, would be cause for immediate dismissal.

If I am employed, I understand that employment would be still considered "at-will," meaning that either the employer or the employee may elect to terminate the employment relationship at any time, for any reason, or for no reason.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Employment Data**

Date Hired: \_\_\_\_\_ Position Title: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Supervisor's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Other Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Personnel Approval: \_\_\_\_\_ Date: \_\_\_\_\_