

OWYHEE IRRIGATION DISTRICT - APPLICATION OF EMPLOYMENT	
APPLICANTS MAY BE TESTED FOR ILLEGAL SUBSTANCES	
<i>PLEASE PRINT, USE BLACK OR BLUE INK, AND FILL OUT ALL SECTIONS</i>	
Name:	Date:
Present Address:	
Social Security Number:	
Telephone:	
Are you over the age of 18? Yes _____ No _____	
Position you are applying for:	
Days/Hours available for work:	
No Preference: _____	
Monday: _____ Tuesday: _____ Wednesday: _____	
Thursday: _____ Friday: _____ Weekly: _____	
Available to work nights/overtime? Yes _____ No _____	
Weekends/ Holidays? Yes _____ No _____	
Employment desired:	
FULL TIME: _____ PART TIME: _____ TEMPORARY WORK: _____ <small>(such as summer or holiday work)</small>	
If hired, what date can you start working?	
Have you ever applied to/worked for the Owyhee Irrigation District before?	
Yes _____ No _____	
If yes, list the dates you applied:	
If hired, are you able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes _____ No _____	
If hired, are you willing to submit to a controlled substance test?	
Yes _____ No _____	
Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? Yes _____ No _____	
If no, describe the functions that cannot be performed: _____	

Do you have a driver's license? Yes _____ No _____	
Do you have a reliable source of transportation: Yes _____ No _____	
Driver's License:	Y__ N__ Y__ N__
Number State of issue Expiration Date	Operator Commercial (CDL)
Have you been in any accidents in the past three years? Yes _____ No _____	
How many?	
Have you received a ticket/citation in the past three years? Yes _____ No _____	
How many?	
Prospective employees must answer the following question as required under US DOT 49 CFR Part 40.25 (j).	

During the past three years, have you ever tested non-negative, or refused to test, on any pre-employment drug or alcohol test administered by any employer to which you applied for safety-sensitive work covered by DOT Federal Motor Carrier Safety Administration - even if the job offer was withdrawn? Yes _____ No _____

If you answered YES, you will need to provide proof that you have successfully completed the DOT return-to-duty requirements (provide documentation.)

Prospective employee signature: _____

(Note: Applicants applying for a position that necessitates a CDL (Commercial Drivers License) are required to bring a copy of their driving record from the DMV (Department of Motor Vehicles.)

EDUCATION AND OTHER INFORMATION

High School

Name:

Location:

No. of years completed:

Diploma/GED:

College/University

Name:

Location:

No. of years completed:

Major/Degree:

Other

Name:

Location:

No. of years completed:

Certificate/Degree:

OFFICE/DITCH RIDER APPLICANTS ONLY

Typing:

Words per minute _____ 10- Key Y __ N __ _____ Word Processing (WPM)

Do you have basic computer knowledge? Yes _____ No _____

Personal Computer: Yes _____ No _____ PC _____ MAC _____

Software: Microsoft Word _____ Excel _____ Power Point _____ Publisher _____ Adobe Acrobat _____

Other skills: _____

LIST TWO REFERENCES

(Professional references only)

Name:

Name:

Position:	Position:
Company:	Company:
Address:	Address:
Telephone:	Telephone:

An application often makes it difficult for an individual to adequately summarize a complete background. Please use the space provided on the next page to add any additional information necessary to describe your full qualifications for the specific position you are applying.

MILITARY SERVICE

Have you ever been in the armed forces? Yes _____ No _____

Have you even been a member of the National Guard? Yes _____ No _____

Specialty	Rank	Date Entered	Discharged Date
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WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give business name. Attach additional sheets if necessary.

Job One

Name of Employer:

Name of Supervisor:

Employment dates: From _____ To: _____

Address:

Telephone:

Your last job title:

Reason for leaving? (Be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company: _____

Job Two

Name of Employer:

Name of Supervisor:

Employment dates: From _____ To: _____

Address:

Telephone:

Your last job title:

Reason for leaving? (Be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company: _____

Job Three

Name of Employer:

Name of Supervisor:

Employment dates: From _____ To: _____

Address:

Telephone:

Your last job title:

Reason for leaving? (Be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company: _____

May we contact your past employer(s)? Yes _____ No _____

If no, please explain: _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by the Owyhee Irrigation District (hereinafter called "The Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit

plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of Owyhee Irrigation District, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/ General Manager of the Company. Both the undersigned and the Owyhee Irrigation District may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment if deemed necessary; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. I hereby grant permission to Owyhee Irrigation District to obtain an investigative consumer report on me.

I further understand that is the policy of the Company to employ all employees on at "at will" basis unless a written employment contract designates an employment period for a specified term. Notwithstanding this policy, the Company may hire an employee on a probationary basis for a period of time. During this probationary period, the employee shall be paid the agreed upon salary or hourly rate, but shall not be entitled to receive any other benefits paid or provided by the Company.

If a probationary employee is retained beyond the probationary period, all company benefits to which he or she is entitled shall begin to accrue on the first day following that probationary period. If a probationary employee is not retained, he or she shall be paid only for the time employed and shall have no claim to any addition payment or benefits.

An employee's retention beyond his or her probationary period bestows no additional right to that employee, except for the additional employee benefits to which he or she is entitled. Passage of an employee's probationary period does not override that employee's at-will employment status.

Signature of Applicant:

x _____

Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. This includes Veterans, Lesbians, Homosexuals, Bisexuals, Transgender, and LGBT+. We assure you that your opportunity for employment with the Owyhee Irrigation District depends solely on your qualifications.

Thank you for completing this application and for your interest in our business.

Owyhee Irrigation District – 422 Thunderegg Blvd. - Nyssa, Oregon 97913 - Phone: (541) 372-3540 - Fax: (541) 372-2437