

# EMPLOYMENT APPLICATION



An Equal Opportunity Employer

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PRINT NAME	LAST	FIRST	MIDDLE
DAY TELEPHONE NUMBER		EVENING TELEPHONE NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE
STREET ADDRESS			CITY STATE ZIPCODE
Are you legally eligible for employment in the United States?			
Are you 18 years of age or older? YES No Circle one			
Have you ever been convicted of a felony? Yes No Circle one			
Have you ever been convicted in a court for anything other than a traffic misdemeanor? Yes No Circle one			
If yes to either question, please describe. (You will not necessarily be disqualified for the job applied for)			
Position or type of work desired	Wage/Salary expected	Are you available for: check all that apply	
		<input type="radio"/> Full time work <input type="radio"/> Part-time <input type="radio"/> All shifts	
Will you work overtime and outside your regular work schedule if asked? Yes No Circle One			
Have you ever been employed by PRWID? If so when and what department?			
List the names of any relatives, including those by marriage or adoption, currently employed by PRWID.			

Account for all periods of employment and unemployment, including military. Beginning with your present employer, list all employers for whom you have worked, either full-time or part-time, since you completed your full-time education or the last 15 years. Describe, giving dates and reasons, each period of unemployment on a separate sheet and attach to this application.

Employed	Company Name and Address	Supervisor	Pay Rate
From			
To	Type of Business	Telephone	<input type="radio"/> Full-time <input type="radio"/> Part-time
Ok to contact?			<input type="radio"/> Temporary
Job Title and Duties:	Reason for Leaving:		
Employed	Company Name and Address	Supervisor	Pay Rate
From			
To	Type of Business	Telephone	<input type="radio"/> Full-time <input type="radio"/> Part-time
Ok to contact?			<input type="radio"/> Temporary
Job Title and Duties:	Reason for Leaving:		

E M P L O Y E R	Employed	Company Name and Address	Supervisor	Pay Rate
	From			
	To	Type of Business	Telephone	<input type="radio"/> Full-time <input type="radio"/> Part-time
	Ok to contact?			<input type="radio"/> Temporary
	Job Title and Duties:		Reason for Leaving:	
H I S T O R Y	Employed	Company Name and Address	Supervisor	Pay Rate
	From			
	To	Type of Business	Telephone	<input type="radio"/> Full-time <input type="radio"/> Part-time
	Ok to contact?			<input type="radio"/> Temporary
	Job Title and Duties:		Reason for Leaving:	

SCHOOL	NAME AND LOCATION	GRADUATED (YES OR NO)	MAJOR COURSE OF STUDY
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
BUSINESS OR TRADE			
OTHER			
List other types of skills, and proficiencies where applicable			
CLERICAL (i.e., typing, word processing, computer software skills, etc)			
EQUIPMENT (i.e. backhoe, loader, forklift, etc)			
VERBAL LANGUAGES (Indicate ability to read, write or speak)			
OTHER			

**List three persons who can objectively assess your professional and/or scholastic performance.**

Name	Relationship / Title	Address	Telephone

O T H E R	What type of Driver's License do you have (check one): <input type="radio"/> Operators <input type="radio"/> CDL	Have you been convicted of a DUI or DWI within the past 3 years?    Yes    No
	Is your license presently retracted, suspended or revoked?	
	If yes, give reason: Begin date and date it will end:	

**IMPORTANT: READ CAREFULLY. AS AN APPLICANT, YOU AGREE TO AND UNDERSTAND THE FOLLOWING:**

**CERTIFICATION:** I certify that the information on this application is true, correct and complete; and I understand that any misleading information, omission or falsification of this information is grounds for rejection of this application or my dismissal from employment.

**AUTHORIZATION:** I authorize Price River Water Improvement District to verify the information set forth in this application and to obtain additional information relating to my employment background, character and qualifications. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies, and my present and/or prior employers to supply PRWID any information concerning my employment background, character, and qualifications and release all parties from all liability for any damage resulting from furnishing same to PRWID.

**COMPLIANCE:** I agree to comply with all company policies, rules, and regulations now or hereafter effective.

**CONSENT:** I hereby consent to a pre-employment, post-offer medical examination and inquires, and alcohol, drug and substance screening, and I understand that any offer of employment will be contingent upon satisfactory results of such examination inquiries and screening. I also consent to personal information associated with my employment being stored, or processed as required for the purposes of my employment by PRWID on condition that PRWID will, so far as possible, keep such information confidential.

**VERIFICATION:** If employed, I promise, as a condition of employment, that I will within three days of starting work submit to the Human Resources Department verification of my U.S. employment eligibility as required by law.

**I hereby acknowledge that I have carefully read, understand, and agree to the above.**

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

**Failure to sign and date this application will result in disqualification of applicant.**