



# EMPLOYMENT APPLICATION

## BROWNS VALLEY IRRIGATION DISTRICT

P.O. Box 6, Browns Valley, CA 95918

NAME (LAST, FIRST, MI)		DATE	POSITION APPLYING FOR	
MAILING ADDRESS		CITY	STATE	ZIP
HOME TELEPHONE	MOBILE PHONE	EMAIL ADDRESS		

WHAT TYPE OF EMPLOYMENT WOULD YOU ACCEPT?     FULL TIME     PART TIME     LIMITED TERM

DO YOU HAVE A VALID CA DRIVER'S LICENSE?     YES     NO

LICENSE NUMBER	CLASS
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

IF A LICENSE OR CERTIFICATE IS **REQUIRED** OR **PREFERRED** FOR THIS POSITION, PLEASE LIST THOSE YOU POSSESS BELOW AND INCLUDE COPIES WITH YOUR APPLICATION:

LICENSE OR CERTIFICATE	NUMBER	ISSUING AGENCY	EXPIRATION DATE

### EDUCATION

DO YOU HAVE A HIGH SCHOOL DIPLOMA, GED CERTIFICATE OR CA HIGH SCHOOL PROFICIENCY CERTIFICATE?     YES     NO

LIST COLLEGE OR TRADE COURSEWORK THAT IS **REQUIRED** OR **PREFERRED** FOR THIS POSITION:

ACCREDITED COLLEGE/UNIVERSITY OR VOCATIONAL SCHOOL	MAJOR / COURSE OF STUDY	TYPE OF DEGREE / CERTIFICATE	YEAR AWARDED

### EMPLOYMENT HISTORY (LIST YOUR LAST THREE (3) EMPLOYERS BELOW, BEGINNING WITH THE MOST RECENT FIRST)

EMPLOYER NAME		POSITION		SUPERVISOR	
EMPLOYER'S ADDRESS		DUTIES			
CITY	STATE    ZIP				
DATE FROM (MO/YR)	DATE TO (MO/YR)				
HOURS PER WEEK		REASON FOR LEAVING			

EMPLOYER NAME		POSITION	SUPERVISOR	
EMPLOYER'S ADDRESS		DUTIES		
CITY	STATE			ZIP
DATE FROM (MO/YR)	DATE TO (MO/YR)			
HOURS PER WEEK		REASON FOR LEAVING		

EMPLOYER NAME		POSITION	SUPERVISOR	
EMPLOYER'S ADDRESS		DUTIES		
CITY	STATE			ZIP
DATE FROM (MO/YR)	DATE TO (MO/YR)			
HOURS PER WEEK		REASON FOR LEAVING		

**REFERENCES** (LIST THREE (3) PERSONS NOT RELATED TO YOU WHO YOU HAVE KNOWN FOR ONE (1) YEAR OR MORE)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from the utilization of such information.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**OFFICIAL USE ONLY**

DATE SUBMITTED	MEETS QUALIFICATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO	INTERVIEW SCHEDULED	INTERVIEW PANEL
REMARKS			
HIRE DATE	POSITION	MANAGER	GENERAL MANAGER