



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		CONTACT NAME FOR REFERENCE	
EMPLOYER'S ADDRESS		DUTIES			
CITY	STATE ZIP				
DATE FROM (MO/YR)	DATE TO (MO/YR)				
HOURS PER WEEK	SALARY \$	<input type="checkbox"/> HR <input type="checkbox"/> MO		REASON FOR LEAVING	
				CURRENTLY EMPLOYED WITH EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER NAME		POSITION		CONTACT NAME FOR REFERENCE	
EMPLOYER'S ADDRESS		DUTIES			
CITY STATE ZIP					
DATE FROM (MO/YR)	DATE TO (MO/YR)				
HOURS PER WEEK	SALARY \$	<input type="checkbox"/> HR <input type="checkbox"/> MO	REASON FOR LEAVING		CURRENTLY EMPLOYED WITH EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER NAME		POSITION		CONTACT NAME FOR REFERENCE	
EMPLOYER'S ADDRESS		DUTIES			
CITY STATE ZIP					
DATE FROM (MO/YR)	DATE TO (MO/YR)				
HOURS PER WEEK	SALARY \$	<input type="checkbox"/> HR <input type="checkbox"/> MO	REASON FOR LEAVING		CURRENTLY EMPLOYED WITH EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO

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