

# Lewiston Orchards Irrigation District

Application for Employment  
An Equal Opportunity Employer

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Phone (Home)
	City, State, Zip		Phone (work)	Phone (Cell)
	Have you ever worked at L.O.I.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when? Reason for leaving?			
E M P L O Y M E N T	Do you have any relatives presently working at L.O.I.D.? If yes, state name and relationship			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been convicted of a crime? If yes, describe in full, including date and location of court records			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally authorized to work in the United States? <i>(Proof of citizenship and Social Security will be required at the time of employment.)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Position Applying For		Pay Desired	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date you can start:	
How many hours can you work weekly? _____		Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No		DL # _____		
Can you work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		State of Issue: ____ Expiration date: _____		
Employment desired: <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL or PART-TIME		<input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur		
Have you had any moving violations during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____				
List any special training, skills, or certificates held relevant to the position for which you are applying:				

<b>E D U C A T I O N</b>	<b>SCHOOL</b>	<b>Name and Location</b>	<b>Course of Study</b>	<b>Number of Yrs.</b>	<b>Year of Graduation</b>	<b>Degree or Diploma</b>
	<b>GRADUATE</b>					
	<b>COLLEGE</b>					
	<b>TECHNICAL</b>					
	<b>HIGH SCHOOL</b>					

\* If you have a General Equivalency Diploma (G.E.D.), indicate name and location of issuing agency and year issued.

### EMPLOYMENT

Please give an accurate employment record starting with the most recent.

<b>1</b>	<b>Company Name</b>	<b>Telephone</b>
	<b>Address</b>	<b>Employed (month &amp; yr.) From                      To</b>
	<b>Name of Supervisor</b>	<b>Salary Start                      Last</b>
	<b>State Job Title and describe your work</b>	<b>Reason for Leaving</b>

<b>2</b>	<b>Company Name</b>	<b>Telephone</b>
	<b>Address</b>	<b>Employed (month &amp; yr.) From                      To</b>
	<b>Name of Supervisor</b>	<b>Salary Start                      Last</b>
	<b>State Job Title and describe your work</b>	<b>Reason for Leaving</b>

<b>3</b>	<b>Company Name</b>	<b>Telephone</b>
	<b>Address</b>	<b>Employed (month &amp; yr.) From                      To</b>
	<b>Name of Supervisor</b>	<b>Salary Start                      Last</b>
	<b>State Job Title and describe your work</b>	<b>Reason for Leaving</b>

<b>4</b>	<b>Company Name</b>	<b>Telephone</b>
	<b>Address</b>	<b>Employed (month &amp; yr.) From                      To</b>
	<b>Name of Supervisor</b>	<b>Salary Start                      Last</b>
	<b>State Job Title and describe your work</b>	<b>Reason for Leaving</b>

<b>MILITARY</b>	
Have you ever been in the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now a member of the National Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialty _____ Date Entered _____ Discharge Date _____	

<b>Give the names of 4 persons not related to you, whom you have known for at least one year</b>				
<b>R E F E R E N C E S</b>	<b><u>Name</u></b>	<b><u>Address</u></b>	<b><u>Occupation</u></b>	<b><u>Phone</u></b>
Submit via E-mail as an attachment to : (Please reference Job Application in the subject line)		<b>barneymetz@loid.net</b>		
<b>Mail or Deliver</b>		<b>Lewiston Orchards Irrigation Dist. 1520 Powers Ave. Lewiston, ID 83501</b>		

## Notice to All Applicants

**Please read carefully, initial each paragraph and sign below.**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that my omissions or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of the application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize L.O.I.D. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I further authorize the references I have given to disclose to L.O.I.D. any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release L.O.I.D., my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between L.O.I.D. and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice or cause, at the option of either myself or L.O.I.D., and that no promise or representations contrary to the foregoing are binding on L.O.I.D.

\_\_\_\_\_ I hereby authorize L.O.I.D. to conduct a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) by internal personnel employed by L.O.I.D.

\_\_\_\_\_ I hereby authorize L.O.I.D. to conduct a drug test before employment.

*I certify by the signature below that I have read the Notice to All Applicants.*

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*Applicant's Name*

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*Applicant's Signature*

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*Date*

*The Lewiston Orchards Irrigation District (L.O.I.D.) is an equal opportunity employer. We consider all applicants for all positions without regard to age, race, national origin, religion, gender, disability or martial or veteran status, or any other legally protected status. Qualifications for employment opportunities are based solely upon personal skills, merit and dependability. L.O.I.D. will ensure that both the spirit and the intent of the laws prohibiting discrimination are fully implemented in all our working relationships.*