Lewiston Orchards Irrigation District

Application for Employment An Equal Opportunity Employer

	Last Name	First	M	iddle	Date	
	Street Address			Phone (Home)		
P E R S O N A L	City, State, Zip			Phone (work)	Phone (Cell)	
	Have you ever worked at L.O.I.D.? ☐ Yes ☐ No If yes, when? Reason for leaving?					
	Do you have any relatives presently working at L.O.I.D.? If yes, state name and relationship					
	Have you ever been convicted of a crime? If yes, describe in full, including date and location of court records □ Yes □ No					
	Are you legally authorized to work in the United States? (Proof of citizenship and Social Security will be required at the time of employment.) Yes No					
	Position Applying Fo	or:			Pay Desired	
	How did you hear about this job opening?					
	Are you presently employed? Yes No Date you can start:					
E	If so, may we inquire of your present employer? Yes No Do you have a Driver's License?					
M P	How many hours ca	n you work weekly? _		Yes	□ No	
L O	Can you work night Can you work week	s?	10 10		 Expiration date:	
Y M	Employment desired				_	
E N T	PART-	TIME ONLY TIME ONLY or PART-TIME		Operator Chauffeur	Commercial (CDL)	
	Have you had any moving violations during the past three years?					
List any special training, skills, or certificates held relevant to the position for which you are						
applying:						

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

EMPLOYMENT

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

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

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

3	Company Name	Telephone			
	Address	Employed (month & yr.) From To			
	Name of Supervisor	Salary Start Last			
	State Job Title and describe your work	Reason for Leaving			
	Company Name	Telephone			
	Address	Employed (month & yr.) From To			
4	Name of Supervisor	Salary Start Last			
	State Job Title and describe your wor	Reason for Leaving			
	MILITARY				
			es No		
	Are you now a member of the National Guard? Y Specialty Date Entered Discha				
R	Give the names of 4 persons not related to you, whom you have known for at least one			-	
E	<u>Name</u>	<u>Address</u>	Occupation	Phone	
F E					
R E					
N C					
E S					
	Submit via E-mail as an attachment to : (Please reference Job Application in the subject line)		barneymetz@loid.net		
Mail or Deliver			Lewiston Orchards Irrigation Dist. 1520 Powers Ave. Lewiston, ID 83501		

Notice to All Applicants

Please read carefully, initial each paragraph and sign below.

•	not knowingly withheld any informa	•
best of my knowledge. I further ce completed this application. I under this application or on any documen the application or for immediate di	and that the answers given by me are prify that I, the undersigned applicant extand that my omissions or misstater at used to secure employment shall be scharge if I am employed, regardless	t, have personally ment of material fact on e grounds for rejection of
before discovery.		
education and other matters related references I have given to disclose related to my work records, withou hereby release L.O.I.D., my former	to thoroughly investigate my reference to my suitability for employment. It to L.O.I.D. any and all letters, report at giving me prior notice of such disclered employers and all other persons, conclaims, demands or liabilities arising of closure.	further authorize the s and other information losure. In addition, I rporations, partnerships
which may be granted, or during m contract between L.O.I.D. and me. employment is for no definite or de-	ntained in the application or conveyed y employment, if hired, is intended to In addition, I understand and agree to eterminable period and may be terminable option of either myself or L.O.I.D., going are binding on L.O.I.D.	o create an employment that if I am employed, my nated at any time, with or
•	to conduct a search of public records conviction, civil judicial action, tax Inployed by L.O.I.D.	`
I hereby authorize L.O.I.D.	to conduct a drug test before employs	ment.
I certify by the signature below tha	t I have read the Notice to All Applic	rants.
Applicant's Name		 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.