

Lewiston Orchards Irrigation District

Application for Employment
An Equal Opportunity Employer

P E R S O N A L	Last Name	First	Middle	Date <small>Click here to enter a date.</small>
	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?			
	Do you have any delinquent financial obligations owed to L.O.I.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Do you have any relatives presently working at L.O.I.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name and relationship			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full, including date and location of court records				
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Proof of citizenship and Social Security will be required at the time of employment.)</small>				

E M P L O Y M E N T	Position Applying For:		Pay Desired
	How did you hear about this position?		
	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 <small>Click here to enter a date.</small>
	How many hours can you work weekly? _____ Can you work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No DL # _____ State of Issue: _____ Expiration date: <small>Click here to enter a date.</small>	
	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
	What is your means of transportation to work? 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

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

* 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.

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

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

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

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

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

R E F E R E N C E S	Give the names of 4 persons not related to you, whom you have known for at least one year			
	<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Phone</u>

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

P H Y S I C A L	Do you have any physical limitations that preclude you from performing any work for the position you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, what can be done to accommodate your limitation? Please describe		
	Please describe your physical condition		
	In case of emergency, Please notify:		
	NAME	ADDRESS	PHONE

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, 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 signature below that I have read the

Applicant's Name

Applicant's Signature

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 race, religion, gender, martial or veteran status, the presence of a no-job related medical condition or handicap, 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.