

Stanfield Irrigation District

Employment Application

100 W Coe / PO Box 416
 Stanfield, OR 97875
 Phone 541-449-3272 / Fax 541-449-1239
 Email: stanfieldid@stanid.com

POSITION				
Position Applying For:		Available Start Date:		Today's Date:

APPLICANT INFORMATION					
Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Do you have a CDL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a Pesticide License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any additional endorsements – right of ways, aquatics- etc.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
It will be necessary to present identification in accordance with IRCA requirements if you are hired.					

There is a 6-month probationary period, during which you will be subject to random drug testing.
 If at **ANY** time you do **NOT** pass a drug test, it will be immediate grounds for termination!

EDUCATION								List any colleges, military, trade, business, or other schools attended.			
High School				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

REFERENCES			
<i>Please list two professional references.</i>			
Full Name			Relationship
Company			Phone
Address			
Full Name			Relationship
Company			Phone
Address			

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	From	To	
Responsibilities			
Reason For Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	From	To	
Responsibilities			
Reason For Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	From	To	
Responsibilities			
Reason For Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I hereby certify that all statements made in this application are true, and I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered during any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.

- I certify that all statements contained herein are true and complete.
- I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired.
- I authorize the employing agency to verify the employment and education information provided in this employment application.
- I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and criminal history background check, if applicable.
- I am able to perform the essential duties of this position as advertised, with or without reasonable accommodation
 - Yes
 - No Explanation: _____
 -

Signature: _____ **Date:** _____