



APPLICATION FOR EMPLOYMENT

Selah-Moxee Irrigation District (SMID) is an equal opportunity employer. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classifications.

**Please carefully read and answer all the questions on this application.
You may attach a resume, but all questions on this application must be answered.**

APPLICANT INFORMATION			
Name (last, first, middle)		Date	
Physical Address	City	State	Zip
Mailing Address (if different from above)	City	State	Zip
Phone	E-mail Address		
Do you have any relatives, friends, or acquaintances working at Selah-Moxee Irrigation District? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list name(s):			
Have you ever worked or applied to Selah-Moxee Irrigation District? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain (include date):			
Date you can start work (mm/dd/yy)		Desired Salary	
POSITION INFORMATION			
Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you legally authorized to work in the U.S on an unrestricted basis? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employment Type (select all that you are willing to work) Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/>			
Available Hours (select all that you are willing to work) Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/>			
Have you been told the essential functions of the job or reviewed a copy of the job description listing the essential functions of the job? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Can you perform these essential functions of the job with or without reasonable accommodation: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, describe the duties or responsibilities that cannot be performed:			
QUALIFICATIONS		Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.	
School Name	Address/City/State	Dates (from/to)	Degree
School Name	Address/City/State	Dates (from/to)	Degree
Other	Address/City/State	Dates (from/to)	Degree
Other	Address/City/State	Dates (from/to)	Degree
SKILLS			
List any special skills or experience that you feel would help you in the position you are applying for (leadership, organizations/teams, etc.)			

REFERENCES Please list three references not related to you, who have knowledge of your work performance within the last three (3) years.				
Name and Occupation	Address/City/State	Phone	Relationship	Years Acquainted
1				
2				
3				

WORK HISTORY List present or most recent position first. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)		
Job Title #1	Start Date (mm/yy)	End Date (mm/yy)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties/Responsibilities		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? Yes No N/A

Job Title #2	Start Date (mm/yy)	End Date (mm/yy)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties/Responsibilities		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #3	Start Date (mm/yy)	End Date (mm/yy)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties/Responsibilities		
Reason for Leaving	Starting Salary	Ending Salary

- I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I further certify that I, the applicant, have personally completed this application. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal.
- I authorize the Employer to make an investigation of any and all of the facts set forth in this Application. I further authorize the Employer to contact any listed references on this Application.
- I hereby release the Employer, my former employers and all other persons or entities from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.
- I acknowledge and understand that SMID is an "at will" employer, which means that any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with the employee at any time, with or without cause, with or without notice to the other party, as long as they are not in violating any employee protection laws. SMID retains the right to modify an employee's position or compensation at any time, with or without cause or notice. No party other than SMID's Board of Directors has the authority to make any binding promise or enter into any agreement inconsistent with SMID's at-will policy and any such agreement must be in writing and signed by both the employee and the Board of Directors to be effective.

Applicant Signature

Date