

Sunnyside Valley Irrigation District
P.O. Box 239 - 120 South 11th Street
Sunnyside, WA 98944
(509) 837-6980

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date: _____

Social Security Number: _____

Phone Number: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

Washington Driver License# _____

WDL restrictions: _____

If related to anyone in our employment, state name and department: _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____

Are you employed now? _____

Do we have your permission to contact references and present/former employers? _____

Have you ever applied to this company before? _____ Date: _____

| EDUCATION | Name and Location of School | Years Attended | Date Graduated | Subjects Studied |
|--|-----------------------------|----------------|----------------|------------------|
| Grammar School | | | | |
| High School | | | | |
| College | | | | |
| Trade, Business, Correspondence School | | | | |

Subjects of special study or research work: _____

What foreign language do you speak fluently? _____

Activities other than religious
 (Civic, Athletic, Fraternal, etc.) _____

(Exclude organizations, the name or character of which indicates the race, creed, color or national origin of its members).

Are you lawfully authorized to work in the United States? _____

FORMER EMPLOYERS (List below last four employers, starting with last one first)

| Month and Year | Name & Address of Employer | Telephone Number | Salary | Position | Reason for Leaving |
|------------------------|----------------------------|------------------|--------|----------|--------------------|
| From _____ To _____ | | | | | |
| From _____ To _____ | | | | | |
| From _____ To _____ | | | | | |
| From _____ To _____ | | | | | |

REFERENCES: Give the names of 3 persons not related to you, whom you have known at least 1 year.

| Name | Address | Business | Telephone Number | Years Acquainted |
|------|---------|----------|------------------|------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

Will your physical condition impede your job performance? _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal or failure to be hired. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I authorize SVID to investigate my past employment, background and credit history, etc., and understand any falsifications or omissions is grounds for denial of employment or termination.

If I am hired, the relationship will be terminable at will without notice or cause by either party, notwithstanding any other oral or written statement by the District prior to, at, or following the date of employment, unless set out in writing, dated and executed by both parties.

This application does not create a contract of employment if I am hired.

I have not furnished consideration independent of services to be performed as an employee in return for employment.

_____ Date

_____ Signature