

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

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

Date \_\_\_\_\_

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**

Date you \_\_\_\_\_ Salary \_\_\_\_\_

Position \_\_\_\_\_ Can Start \_\_\_\_\_ 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	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? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If so, describe \_\_\_\_\_

Permission to complete a WSP criminal background check : \_\_\_\_\_

SIGNATURE

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.

Can you perform the essential functions of the position for which you are interviewing, with or without a reasonable accommodation? \_\_\_\_\_

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