

NAME: _____

PHONE #: _____

ADDRESS: _____

DATE: _____

1. Do you have a valid California Drivers License and a good driving record?
2. Can you, with or without accommodation, perform basic mathematical calculations on a daily basis?
3. This position requires someone being their own boss in the scheduling of water deliveries and resolution of problems with fellow employees and water users. Do you feel you can successfully work under these conditions?
4. This position requires someone with good telephone skills and experience with the use of radio communication. Do you feel you have these qualifications?
5. Can you, with or without accommodation, work in areas that are totally dark?
6. Can you, with or without accommodation, work at heights ranging from 5 feet to 20 feet?
7. Can you, with or without accommodation, work in closed, confined, narrow, and hemmed in areas?
8. Define claustrophobia.
9. Do you have the ability to repetitively (10-15 times per hour) lift and carry 100 pound objects? (Division Manager/Labor positions only)
10. Do you have the ability and maneuverability to continuously and efficiently work on your knees or in a stooping or crawling position within confined spaces for an entire 8 hour work shift? (Division Manager/Labor positions only)
11. Did you read the job description of the position for which you are applying?
12. Do you understand that the work operations at South San Joaquin Irrigation District are such that on a seasonal basis your daily pay will vary according to your work assignment?

SIGNATURE

DATE

Note: On the basis of the answers to these questions and those on the job application, responsible applicants will be called upon to take a test to enable South San Joaquin Irrigation District to further evaluate their abilities and knowledge which experience has shown is necessary to successfully perform the duties of the position for which applicant has applied.

SOUTH SAN JOAQUIN IRRIGATION DISTRICT
 11011 East Highway 120 * Manteca, CA 95336
 Tele: 209-249-4600

APPLICATION FOR EMPLOYMENT

Last Name	First	Middle	Date
Street Address			Home Phone ()
City, State, Zip			Alternate Phone ()
Have you ever applied for employment with us? Yes ____ No ____ If yes: month and year _____			
Position Desired			Pay expected
			Will you work overtime if asked? Yes____ no_____
When will you be available to begin work?			
How did you learn of our organization?			Special training or skills?

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA?
College					
High School					
Elementary					
Other					

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT HISTORY

Please give your accurate, complete full-time and part-time employment record. Start with present or most recent employer.

(1) Company Name	Telephone ()
Address	Employed (month & year) From _____ To _____
Name of Supervisor	Weekly Pay Starting _____ Last _____
Job Title and Work Description	Reason for Leaving
(2) Company Name	Telephone ()
Address	Employed (month & year) From _____ To _____
Name of Supervisor	Weekly Pay Starting _____ Last _____
Job Title and Work Description	Reason for Leaving
(3) Company Name	Telephone ()
Address	Employed (month & year) From _____ To _____
Name of Supervisor	Weekly Pay Starting _____ Last _____
Job Title and Work Description	Reason for Leaving
(4) Company Name	Telephone ()
Address	Employed (month & year) From _____ To _____
Name of Supervisor	Weekly Pay Starting _____ Last _____
Job Title and Work Description	Reason for Leaving
(5) Company Name	Telephone ()
Address	Employed (month & year) From _____ To _____
Name of Supervisor	Weekly Pay Starting _____ Last _____
Job Title and Work Description	Reason for Leaving

We may contact the employers listed above unless you indicate below those you do not want us to contact.

Do Not Contact _____ Reason _____

DRIVING RECORD

To be filled out by applicants for positions where driving is a listed job duty:

DRIVER LICENSES:

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE:

Class of Equipment	Type of Equipment (Van, tank, flatbed, etc.)	Dates From	To	Total Approx. # Miles
Straight Truck				
Tractor & Trailer				
Bus				
Automobile				
Other				

SAFE DRIVING AWARDS YOU HOLD & FROM WHOM: _____

ACCIDENT RECORD FOR PAST 3 YEARS (attach sheet if more space is needed)

	DATES	NATURE OF ACCIDENT	WHOSE FAULT
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)

CITY & STATE	DATE	CHARGE	PENALTY

- A. Have you ever been denied a license, permit or privilege to operate a vehicle?
- B. Has any license, permit or privilege ever been suspended or revoked?

If the answer to either A or B is Yes, attach statement giving details.

State names of three persons willing to provide professional and/or character references for you.

NAME	ADDRESS	PHONE NUMBER

***Attach current (within last 3 months) DMV printout with completed application.**

The information requested below is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

Are you over 18 years of age? Yes ___ No ___

If not, employment is subject to verification of minimum legal age.

Have you been convicted of a felony in the past ten years? (Excluded: misdemeanors and summary offenses which have been annulled, expunged or sealed by a court).

Yes ___ No ___ If yes, describe in full.

Do you have any medical or physical disability which would limit your ability to perform the job for which you are applying? Yes _____ No _____ If yes, describe limitation.

South San Joaquin Irrigation District is an equal opportunity employer which does not discriminate on the basis of race, religious creed, color, sex, marital status, age, national origin, ancestry, medical condition or physical disability.

California Government Code § 12940 et seq.

TO BE READ AND SIGNED BY APPLICANT

I understand that the information on this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

Further, I agree to furnish such additional job-related information and complete such job-related examinations as may be required.

I agree and understand that this application for employment in no way obligates the employer to employ me. I understand this application is not a contract and cannot create a contract.

I understand that if accepted by the District, my employment will be on a 12-month probationary basis. The introductory period will be extended by a like number of work days as a result of any leaves of absence, holiday period and other absences occurring during the probation period.

If employed by the District, I agree to abide by its rules and regulations.

I certify that this application was completed by me, and that all entries on it and information in it are true and complete as to the best of my knowledge.

Applicant's Signature

Date

PLEASE READ EACH STATEMENT BEFORE SIGNING

**ACKNOWLEDGMENT OF PRE-EMPLOYMENT PHYSICAL
INCLUDING ROUTINE DRUG SCREEN**

The undersigned is an applicant for employment with the South San Joaquin Irrigation District. The applicant has been advised of and understands that, in connection with said application, South San Joaquin Irrigation District requires a pre-employment physical examination, the results of which will be provided to the District in order to determine applicant's physical ability to perform the required work. Applicant further understands that, included within said pre-employment physical, is a drug screen intended to determine the presence of any substances present in applicant that are legally controlled or which otherwise might impair applicant's ability to perform the work. Applicant further understands that the results of said drug screen will be provided to the District as part of its review of applicant's employability. Applicant herewith consents to the administration of the above described physical examination, and concurrently herewith authorizes release of said information to South San Joaquin Irrigation District as necessary to determine suitability for employment.

Applicant: _____

Date: _____

**YOUR APPLICATION WILL BE CONSIDERED ACTIVE FOR 30 DAYS
FOR CONSIDERATION AFTER THAT YOU MUST REAPPLY IN PERSON**

U.S. law requires that, if hired, you must furnish your Social Security Card* and one of the following documents within 72 hours of starting work:

A card issued by Federal, State or local government showing your identity

Driver's license, or State issued ID card with photo ID

School ID card with photo

Current INS Forms with employment authorization stamp

U.S. passport

Voter's registration card

U.S. military card or other draft card

* If you do not have a Social Security Card, you may present an original or copy of a U.S. birth certificate, or Department or State Forms FS-545 or DS-1350 or INS Forms 1-327,1-571,1-197, 1-179.

****FOR EMPLOYER'S USE ONLY****

REFERENCE CHECK	EMPLOYER	PERSON CONTACTED	RESULTS
	1		
	2		
	3		
	4		
	5		

TEST RESULTS	TEST	RAW SCORE	RATING	ANALYSIS AND COMMENTS

INTERVIEW RESULTS	INTERVIEWER NAME AND COMMENTS