

**NEVADA IRRIGATION DISTRICT**  
 An Equal Opportunity Employer  
**APPLICATION FOR EMPLOYMENT**

NAME (Last) _____ (First) _____ (Middle) _____		EMAIL ADDRESS _____	
MAILING ADDRESS: Street/Apt. No. or P.O. Box _____		City _____	State/Zip Code _____ Telephone _____
POSITION APPLIED FOR: _____		WHERE DID YOU LEARN ABOUT POSITION? _____	ARE YOU UNDER 18? Yes <input type="checkbox"/> No <input type="checkbox"/>
ARE YOU LAWFULLY ENTITLED TO WORK IN THE U.S. Yes <input type="checkbox"/> No <input type="checkbox"/>		IF NOT U.S. CITIZEN OR PERMANENT RESIDENT, STATE VISA TYPE: _____	FORMER EMPLOYEE OF N.I.D.? Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVER'S LICENSE CLASS: _____	STATE _____	EXPIRATION DATE _____	DO YOU HAVE A RELATIVE(S) CURRENTLY EMPLOYED BY N.I.D.? NAME(S): _____ Yes <input type="checkbox"/> No <input type="checkbox"/>

WORK EXPERIENCE (List Most Recent First)				
1.	Dates of Employment (month, year)	Position	Supervisor	Rate of Pay
	Name of Employer and Address		Phone Number if Known ( )	May we contact?
			Reason for Leaving	
	Description of Duties, Responsibilities, and Accomplishments			

2.	Dates of Employment (month, year)	Position	Supervisor	Rate of Pay
	Name of Employer and Address		Phone Number if Known ( )	May we contact?
			Reason for Leaving	
	Description of Duties, Responsibilities, and Accomplishments			

3.	Dates of Employment (month, year)	Position	Supervisor	Rate of Pay
	Name of Employer and Address		Phone Number if Known ( )	May we contact?
			Reason for Leaving	
	Description of Duties, Responsibilities, and Accomplishments			

4.	Dates of Employment (month, year)	Position	Supervisor	Rate of Pay
	Name of Employer and Address		Phone Number if Known ( )	May we contact?
			Reason for Leaving	
	Description of Duties, Responsibilities, and Accomplishments			

RETURN TO:

NEVADA IRRIGATION DISTRICT – HUMAN RESOURCES DEPARTMENT  
 1036 W MAIN ST, GRASS VALLEY, CA 95945

PHONE # 530/273-6185

<b>EDUCATION RECORD</b> (Circle highest grade completed)	8	9	10	11	12	13	14	15	16	17	18	19	20
High School Name _____	Location: _____				Graduate? _____				GED? _____				
Names of Colleges or Universities Attended	Dates Attended	GPA	Degree or Certificate										
Scholastic Honors and Scholarships: _____													
Additional courses (Business school, extension courses, etc.): _____													
LICENSES OR CERTIFICATES OBTAINED:													
Type: _____			No: _____			Expiration Date: _____							
Type: _____			No: _____			Expiration Date: _____							

<b>GENERAL INFORMATION</b>	
Have You Ever Served in the U.S. Military? Yes <input type="checkbox"/> No <input type="checkbox"/>	From _____ To _____
Branch _____	
Rank/Grade at Discharge _____	Current Status _____
Are You Able to Satisfactorily Perform the Essential Functions of the Position as Listed on the Job Opportunity Announcement Materials With or Without a Reasonable Accommodation?	
If No, Please describe How We Might Accommodate You. _____	
Have you ever been discharged from any employment or forced to resign? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, Explain: _____	

<b>ACKNOWLEDGEMENT</b>	
<p>The information in this application is accurate, current, and complete. I understand that misstatements or omissions made by me or persons acting as my agents on any document used by the District in the employment process may result in disqualification from the employment process or termination of employment. I authorize NID to investigate my employment history and credentials, except as indicated on front of form, as well as obtain any relevant information needed to make an employment decision. I agree to cooperate and assist in any such investigation, and I release NID and those supplying information to NID from liability with regard to the information supplied.</p>	
I also understand and agree that:	
<ol style="list-style-type: none"> <li>1. Nevada Irrigation District complies with all immigration laws. Any offers of employment are contingent on my presenting proof of I.D. within 3 days of hire.</li> <li>2. Business needs may require as a condition of continued employment that I change work assignments, schedules, and/or locations.</li> <li>3. Participation in pre-employment medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hired, or if hired, employment may be terminated.*</li> <li>4. A condition of employment with NID is satisfactory completion of a pre-employment background check and drug screening. Failure to satisfactorily complete the drug screening test will prevent me from being employed with NID.*</li> <li>5. Submission of a DMV printout may be required at my expense.</li> <li>6. The first six (6) months of employment is considered a probationary period and is terminable without cause at the will of either NID or me during that time.</li> </ol>	
Signature _____	Date _____
<p>*Authorization as required under the Health Insurance Portability And Accountability Act (HIPAA) for disclosure of protected health information (PHI) will be a condition of employment with the District to the fullest extent allowed by law. This is applicable to pre-employment physicals and any other lawful need for medical information. Refusal to sign an authorization could prevent you from being selected for a position.</p>	
<b>THIS ACKNOWLEDGEMENT MUST BE SIGNED FOR THE APPLICATION TO BE COMPLETE.</b>	