



NEVADA IRRIGATION DISTRICT

Application for Employment

Equal Opportunity Employer ~ Drug Free Workplace
M/F/D/V

RETURN TO: NEVADA IRRIGATION DISTRICT – HUMAN RESOURCES DEPARTMENT

1036 W. Main Street, Grass Valley, CA 95945

Phone: 530-273-6185 Fax: 530-271-6874

Email: hr@nidwater.com

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
(Application must be completed in full even if attaching a resume.)

It is our policy to provide equal employment opportunity to all qualified persons without regard toward race, age, color, sex, gender, religion, veteran status, national origin, physical or mental disability, sexual orientation, marital status, or any other consideration made unlawful by federal, state or local laws.

POSITION APPLIED FOR _____ **DATE** _____

PERSONAL INFORMATION:

Last Name	Middle	First Name	
Address	City	State	Zip Code
Home Phone	Cell Phone	Email Address	

GENERAL INFORMATION:

Where did you learn about this position?	Former employee of NID? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives or friends presently employed with NID? <input type="checkbox"/> Yes <input type="checkbox"/> No Name(s) _____	Can you provide valid documentation establishing your identity and eligibility to be legally employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been discharged from any employment or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:		
Have you ever served in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No From: _____ To: _____ Branch: _____		

EDUCATION:

	Name and Location	Years Completed	Major/Type of Diploma or Degree	Did you Graduate?
High School				
Business/Trade School				
College				
Graduate/Professional				

EMPLOYMENT HISTORY: Begin with your most recent Employment including any gaps of employment.
Do not write "Refer to Resume" (Attach additional sheets if necessary)

Dates of Employment From (Mo/Yr) _____ To (Mo/Yr) _____	Position/Job Title:
Name of Employer:	Address:
Phone Number:	Supervisor Name/Title:
Job Responsibilities: _____ _____	
Reason for Leaving:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dates of Employment From (Mo/Yr) _____ To (Mo/Yr) _____	Position/Job Title:
Name of Employer:	Address:
Phone Number:	Supervisor Name/Title:
Job Responsibilities: _____ _____	
Reason for Leaving:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dates of Employment From (Mo/Yr) _____ To (Mo/Yr) _____	Position/Job Title:
Name of Employer:	Address:
Phone Number:	Supervisor Name/Title:
Job Responsibilities: _____ _____	
Reason for Leaving:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dates of Employment From (Mo/Yr) _____ To (Mo/Yr) _____	Position/Job Title:
Name of Employer:	Address:
Phone Number:	Supervisor Name/Title:
Job Responsibilities: _____ _____	
Reason for Leaving:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

LICENSES OR CERTIFICATES OBTAINED:

Type:	Number:	Expiration Date:
Type:	Number:	Expiration Date:
Type:	Number:	Expiration Date:

ADDITIONAL EXPERIENCE OR QUALIFICATIONS:

List any other experience, skills or other qualifications, which you believe should be considered in evaluating your qualifications for employment.

ACKNOWLEDGEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to the Human Resources department before signing. The application will be given every consideration, but its receipt does not imply that I will be employed.

It is the policy of the Nevada Irrigation District to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, veteran status, expunged juvenile records, or pregnancy, and to afford equal opportunities to individuals with a disability, and other characteristic protected by Federal, State or Local law.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____

FOR HUMAN RESOURCES ONLY

DATE RECEIVED

NOTIFICATION

RESULT