

FRESNO IRRIGATION DISTRICT
 EMPLOYMENT APPLICATION
 INSTRUCTIONS PAGE

2907 S. Maple Ave.
 Fresno, CA 93725
 Phone No: 559-233-7161
 Fax: 559-233-8227
 www.fresnoirrigation.com



Please read the following instructions carefully before completing this application:	
1.	Complete the application in print.
2.	The application is available on-line in a fillable form. However, you must submit it with your original signature (do not email).
3.	Resumes may be attached but will not be accepted in place of a fully completed and signed application.
4.	All questions must be answered completely and accurately. You may be disqualified for any false or misleading statements or for omitting information. The information you furnish will be used to determine your eligibility for the position you are applying.
5.	Fill in the specific name of the job you are applying for as listed in the job posting. Applications will only be accepted for open positions.
6.	Your completed application and other pre-employment related information submitted to the District becomes confidential information and the property of the Fresno Irrigation District. This application and other confidential information will not be returned ; therefore, we recommend that you keep a copy of your completed application for your personal records.

Explanations:	
Question 1	Reasonable accommodation will be provided to applicants who need assistance to participate in an interview or take a written exam. If you check "yes" you will be contacted via telephone or mail to make specific arrangements.
Question 3	This question must be answered by all applicants. You must answer "yes" if you have ever, because of poor performance or misconduct, been fired from a job or let go. Explain any "yes" answers in detail. Include the facts in brief, the grounds for any action taken against you and the circumstances under which you left the position.
Question 5	Complete this information if the job posting indicates that a valid California Drivers License is required. For incumbents, failure to maintain such required license may be cause for disciplinary action. Individuals who do not meet this requirement due to physical disability will be considered for accommodation on a case-by-case basis.
Question 8	If the job posting calls for a specific license, professional certificate, or membership in a professional organization, list the full name of the license, certificate or organization, the license number, the effective date and the official expiration date of the document or membership. For positions that require a Class C or A California Drivers License, license must be maintained throughout the term of employment.
Question 9	You must include a complete record of your training and educational background. Please read the Requirements section of the job posting carefully for any special educational requirements. If more space is needed, attach additional sheet(s). You may be asked to provide proof of educational background.
Question 10	You must include a complete list of your paid and/or volunteer work experience for the last 10 years. Explain any gaps in your work history. The work experience you list will be used to determine if you meet the stated qualifications.
Application Form Waiver	Please read this section very carefully. Initial each paragraph as well as sign and date the form. Your signature is required. If the application is not signed, it will be considered incomplete and will not be considered.

Employment Application

Applications will ONLY be accepted for posted job openings.



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Date: _____

Name (Last, First, MI): _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Position Applied for: _____

Salary Desired: _____

When available to begin work? _____

Please answer the following questions:	Yes	No
1. Do you need reasonable accommodation to take an interview or written test?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you related to anyone who works for Fresno Irrigation District by blood, marriage or adoption?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been dismissed or terminated from any position for performance or other disciplinary reasons? (if yes, give details.) _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Can you, after employment, submit proof of your legal rights to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you possess a valid California Driver's License? (If yes fill in the information below.) License #: _____ Class: _____ Restrictions: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Military Service: Have you ever served in the armed forces, National Guard or military reserve? If yes, please supply the following information: Branch of Service Service No. Dates of Service Type of Discharge _____ Are you currently participating in any military reserve or National Guard program?	<input type="checkbox"/>	<input type="checkbox"/>
7. Skills: _____ Typing (for typing applicants only): I certify that I can type at the speed of wpm: _____ Computer: <input type="checkbox"/> PC <input type="checkbox"/> Mac <input type="checkbox"/> Other: _____ Applications (list all that apply): _____	<input type="checkbox"/>	<input type="checkbox"/>

8. Licenses, certificates of professional or vocational competence, or membership in professional associations called for in the job posting. (Omit any organizations that may reflect age, national origin, marital status, race, religious affiliation, physical or mental disability.)

License/Certificate #	Effective Date	Expiration Date	In the space below, indicate specific course requirements needed to satisfy requirements for this position.

9. Education

Type of School	Name of School	Complete Address	Years Completed	Major or Degree
High School				
College				
Trade or Vocational				
Other				

10. Previous Employment (list your work experience for the last 10 years, current employer first):

1)	Name of Employer:		
	Complete Address:		
	Phone No:		
	Name of Last Supervisor:		
	Dates of Employment: From:		To:
	Last Job Title:		

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Reason for leaving:	

May we contact your employer? Yes No

2)	Name of Employer:		
	Complete Address:		
	Phone No:		
	Name of Last Supervisor:		
	Dates of Employment: From:		To:
	Last Job Title:		

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Reason for leaving:	

May we contact your employer? Yes No

3)	Name of Employer:		
	Complete Address:		
	Phone No:		
	Name of Last Supervisor:		
	Dates of Employment:	From:	To:
	Last Job Title:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
	Reason for leaving:		
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

4)	Name of Employer:		
	Complete Address:		
	Phone No:		
	Name of Last Supervisor:		
	Dates of Employment:	From:	To:
	Last Job Title:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
	Reason for leaving:		
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

5)	Name of Employer:		
	Complete Address:		
	Phone No:		
	Name of Last Supervisor:		
	Dates of Employment:	From:	To:
	Last Job Title:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
	Reason for leaving:		
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

6)	Name of Employer:		
	Complete Address:		
	Phone No:		
	Name of Last Supervisor:		
	Dates of Employment:	From:	To:
	Last Job Title:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
	Reason for leaving:		
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

7)	Name of Employer:		
	Complete Address:		
	Phone No:		
	Name of Last Supervisor:		
	Dates of Employment:	From:	To:
	Last Job Title:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
	Reason for leaving:		
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

8)	Name of Employer:		
	Complete Address:		
	Phone No:		
	Name of Last Supervisor:		
	Dates of Employment:	From:	To:
	Last Job Title:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
	Reason for leaving:		
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

9)	Name of Employer:		
	Complete Address:		
	Phone No:		
	Name of Last Supervisor:		
	Dates of Employment:	From:	To:
	Last Job Title:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
	Reason for leaving:		
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

10)	Name of Employer:		
	Complete Address:		
	Phone No:		
	Name of Last Supervisor:		
	Dates of Employment:	From:	To:
	Last Job Title:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
	Reason for leaving:		

May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Application Form Waiver
Please Read Carefully

In exchange for the consideration of my job application by Fresno Irrigation District (hereinafter called "the District"), I agree that:

_____ Initial
Neither the acceptance of this application nor the subsequent entry into any employee relations, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other District practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of the District, and that relationship cannot be altered except by a written instrument signed by the General Manager of the District. Both the undersigned and the District may end employment relationship at any time, without specific notice or reason. If employed, I understand that the District may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

_____ Initial
I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the District permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the District from any liability as a result of such contact.

_____ Initial
I also understand that (1) the District has a drug and alcohol policy that provides for pre-employment testing as well as random drug and alcohol testing for "safety sensitive" positions; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

_____ Initial
I understand that, in connection with the routine processing of my employment application, the District may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the District will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I waive my right to receive copies of public records that may be obtained. Yes No

_____ Initial
I further understand that the first twelve (12) months of employment are considered orientation and training period and further that any time during this period or thereafter, my employment relationship with the District is terminable at will for any reason by either party.

Signature of applicant: _____

Date: _____

The District is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sexual orientation, national origin, citizenship, age, disability, or any other status protected by law. We assure you that your opportunity for employment with Fresno Irrigation District depends solely on your qualifications.

Thank you for completing this application form and for your interest in Fresno Irrigation District

EQUAL EMPLOYMENT OPPORTUNITY

APPLICANT: To assist Fresno Irrigation District in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This questionnaire will be separated from the application prior to review of the application and will not be used in any employment decisions. Government Code Section 19705 authorizes the District to retain this information for research and statistical purposes.

Position for which you are applying:

Age: Under 21 21-39 40-69 70 and over

Gender: Male Female

AMERICAN INDIAN OR ALASKAN NATIVE (persons having origins in any of the tribal peoples of North America or native of Alaska).

AFRICAN AMERICAN (persons having origins in any of the Black Racial Groups of Africa).

ASIAN OR PACIFIC ISLANDER (persons having origins in any of the original people of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands such as Samoa).

HISPANIC (persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race).

WHITE (persons having origins in any of the original people of Europe, North Africa, or the Middle East).

OTHER (Specify) _____

DISABILITY (a person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record or history of such impairment or medical condition; or (3) is regarded as having such an impairment or medical condition).

MILITARY (a military veteran; a widow or widow of a veteran; or a spouse of a 100% disabled veteran).

How did you learn of this position?

Telephone job line Word of mouth Internet Ad in _____ Job posting at _____

Thank you for completing this questionnaire