TERRA BELLA IRRIGATION DISTRICT 24790 AVENUE 95 TERRA BELLA, CALIFORNIA 93270-9695 (559) 535-4414

APPLICATION FOR EMPLOYMENT

POSITION:	DATE OF APPLICA	DATE OF APPLICATION		
I. <u>PERSONAL</u>				
Name	Address			
City	State			
Home Telephone	Cell Phone			
Driver's License No	_			
Employee must have legal right to proof? Yes		hired, can you show		
Name, address, and telephone number	er of person to be notified in case	se of accident:		
II. AREAS OF SPECIAL SI application). Accounting Bookkeeping Computer Excel Word Calculator Other	Personnel Purchasing Secretarial Shorthand wpm Typing wpm	Carpentry Electrical Maintenance Painter Plumber		
List machinery, tools, and equipm backhoes, etc., you can operate profic	• • •	ent such as tractors,		

III <u>EDUCATION</u>

			Graduated	
Elem	entary		Yes	No
High			Yes	No
Colle	ege or University		-	
			Yes	No
Busin	ness or Trade School		Yes	No
List a	any degrees and/or certification	s received		
	EXP	ERIENCE RE	<u>CORD</u>	
IV.	FORMER EMPLOYERS		employment over that ate sheet if needed.	•
1.	Employer:	Addre	ess	
	Dates Employed: From Immediate Supervisor			
	Duties:			
	Reason for Leaving:			
2.	Employer:	Addre	ess	
	Dates Employed: From	to	Position Held	
	Immediate Supervisor Duties:		_ Monthly Salary	
	Reason for Leaving:			
3.	Employer:	Addre	ess_	
	Dates Employed: From	to	Position Held	
	Immediate Supervisor Duties:		_ Monthly Salary	
	Reason for Leaving:			

4.	Other experience applicable to position applied for:				
	(a)	May we co	ontact your present	employer in regar	d to your work?
		Yes	No		
	(b)	•	ever been dischargery service from an	_	resign for misconduct or
		Yes	No	(If so, e	xplain below.)
	(c)				
V. willing	g to pro	ovide profe		racter references	NOT related to you who are for you. DO NOT repeat
	Name		Address	City	Phone Number
1.					
2.					
3.					_
VI.					
1.	Do yo	u have any relatives in our employment? Yes No			
	Name			Position I	Held
2.	will be both e	A general physical examination to confirm your physical qualification to work will be required. Included in that exam will be a drug screening. The results of both exam and screening will be kept confidential by the District. Do we have your authorization to review the results of said exam and drug screening?			
	Yes	No			

I certify that the statements made by me in this application are true and complete to the best of my knowledge.

I further authorize the physician and/or lab performing the physical exam and drug screening to release the results to the District.

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Signature		

Date available for work

NOTE: Attach additional information if you so desire.

NOTICE: Successful applicants will be required to establish and maintain

throughout their employment proof of their insurability to the satisfaction of the District's insurance carrier. Be advised that employees' driving records will be submitted to the District's insurance carrier periodically for

proof of insurability.

We wish to thank you for submitting your application; however, please be advised that only the successful candidates will receive any notification.