

## **Columbia Irrigation District**

10 E Kennewick Ave. Kennewick, WA 99336

## **Employment Application**

		App	olicant I	nform	ation			
Full Name:							Date:	
	Last	Firs	t			M.I.		The F
Address:						-		
	Street Address						Apartment/Unit #	
	City					State	ZIP Code	
Phone:			E	Email				
Date Availal		Social Security					d Salary:\$	
Position App	plied for:							
Are you a ci	itizen of the United States	YES	NO	If no, a	are you a	authorized to w	YES ork in the U.S.?	NO
Have you ev	ver worked for this compa	YES	NO	If yes,	when?_			
Have you ev	ver been convicted of a fe	YES lony?	NO					
If yes, expla	in:							
			Educa	ation			<b>阿德里斯特拉斯</b>	
High School	: <u></u>	/	Address:_					
From:	To:	Did you gr	aduate?	YES	NO	Diploma:		
College:		/	Address:_					
From:	To:	_ Did you gr	aduate?	YES	NO	Degree:		
Other:		A	Address:_					
From:	To:	Did you gr	aduate?	YES	NO	Degree:		

Company:         Phone:           Address:         Relationship:           Company:         Phone:           Address:         Relationship:           Company:         Phone:           Address:         Previous Employment           Company:         Phone:           Address:         Supervisor:           Job Title:         Reason for Leaving:           May we contact your previous supervisor for a reference?         YES NO           Company:         Phone:           Address:         Supervisor:           Job Title:         Responsibilities:           From:         To:         Reason for Leaving:           We supervisor:         Whene:         May we contact your previous supervisor for a reference?           May we contact your previous supervisor for a reference?         Phone:         No           Company:         Phone:         Supervisor:           Company:         Phone:         Supervisor:	Refe	rences	
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From: To:	Reason for	Leaving:								
May we contact your previous supervisor for a reference?	YES	NO								
Military Service										
Branch:		From:	To:							
Rank at Discharge:	Type of D	ischarge:								
If other than honorable, explain:										
Disclaimer and Signature										
PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.										
I certify that the information on this application and its sure understand and agree that failure to fully complete the fore grounds for elimination from consideration for employment authorize Columbia Irrigation District to investigate, without and supporting materials. I authorize references and form any inquiries in connection with this application for employexam, criminal and credit background investigation, and/of employment. I understand that this document is NOT a sift tendered, does NOT constitute a contract for continued employees of Columbia Irrigation District serve at-will, and time by either party, for any or no reason, other than a reafurnish proof of eligibility to work in the United States, to fit and to comply with company and departmental regulations would be paid for hours worked only, and would be ineligitated regular, benefits-eligible basis, I understand that I would be Columbia Irrigation District Retirement System or to an optimat any benefits I receive may be subject to change or disunderstand that the first SIX MONTHS of regular employment be eligible to apply for transfer or promotion and during	rm, or misrepant, or terminal ut liability, all all remployer yment. If required or screening an offer of enguaranteed at the employers on prohibities. I understatible for benefice required to the scontinuation ment represent.	presentation or omissation after employme at statements contained in statements contained in statements contained in statements and that employment. I under the statement relationship maked by law. If employed and that if employed aftis including paid time to make mandatory coment program, if appears and thay time without and any time without and a provisional period.	sion of facts, represents ant if discovered later. I ed in this application make full response to ubmit to a physical s upon conditional offer an offer of employment, erstand that staff ay be terminated at any yed, I will be required to and State loyalty oath, on a temporary basis, I he off. If employed on a contributions to the dicable. I understand the prior notice. I od, during which I would							

Date:

Signature: