



Employment Application



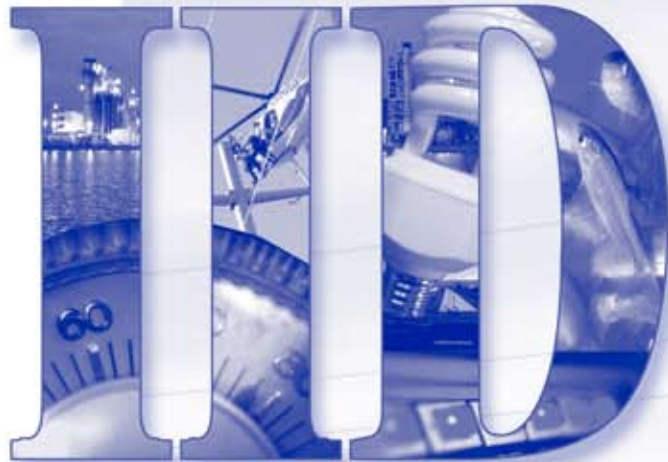
Imperial Irrigation District EEO/AA Employer

Protecting the flow of progress.

Human Resource Department
1285 Broadway
El Centro, CA 92243

Phone (760) 482-9618
1-800-750-2605
Fax (760) 482-9695

Job Line (760) 482-9620
Website: www.iid.com



Welcome to IID's hiring process

With more than 1,300 people at work, Imperial Irrigation District (IID) is one of the largest employers throughout the Imperial and Coachella valleys.

As you might imagine, it takes many professional, technical, and skilled people to deliver millions of acre-feet of water and billions of energy kilowatt-hours to our customers each year.

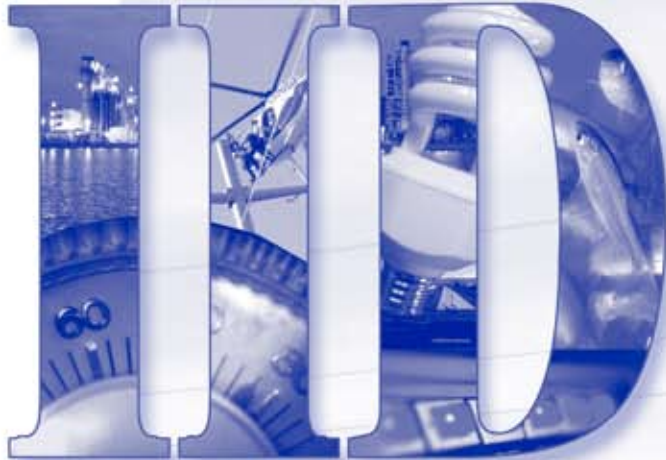
Because we're such a diverse utility, our workforce is the Imperial Irrigation District's greatest pride. That's why we welcome your interest in joining IID's team of top-caliber employees committed to providing our customers with excellent service.

To assist the Imperial Irrigation District in selecting the most outstanding employees, IID has developed an employment process to ensure the best-qualified employees are hired. The best way to do this is to make sure the process is fair and impartial to all, regardless of race, religion, color, sex, national origin, disability, veteran status or sexual orientation.

Please note that openings for external jobs are posted on our JOBLINE by calling (760) 482-9620, and on our Web site at www.iid.com under the Jobs/Human Resources link.

Successful candidates must also pass a drug test, medical evaluation, and background check before the hiring process can be complete. This helps IID maintain a top-quality team of employees to provide excellent customer service.

Again, thank you for your interest in Imperial Irrigation District.



Release for Verification of Employment & Character and Authorization for Background Investigation

I hereby certify that I have carefully reviewed and approved the information I have supplied on my application for employment with the Imperial Irrigation District and that the information is true and correct to the best of my knowledge. I understand that misrepresentations or omissions of facts called for on the employment application is cause for revocation of a conditional job offer or for dismissal if employed.

An offer of employment with the Imperial Irrigation District is not effective until the General Manager signs and approves the hiring action. Job offers are conditional until all employment procedures, including a medical evaluation, background check, reference checks, and a drug test are successfully completed. Information obtained after a conditional offer is made will be used to determine if an applicant is approved for hire or job offer may be withdrawn.

Any applicant, or current employees bidding for another position, will be disqualified from the selection process if the applicant or employee contacts members of the Board of Directors, management, or interview panel for the purpose of influencing the selection process or to receive assistance, e.g., prior access to interview questions, test materials, etc., to gain an unfair advantage in the employment process.

In accordance with the Privacy Act, the Freedom of Information Act, and the Fair Credit Reporting Act, I expressly authorize Imperial Irrigation District and any personnel associated with any educational institution, past or present employer, and law enforcement agency, or court, the Department of Motor Vehicles, all necessary government and private agencies, and all credit reporting agencies to release any information necessary for the purpose of being considered for employment. I hereby release Imperial Irrigation District and all persons from liability as a result of furnishing the information.

I also authorize that a copy of this document will be as valid as the original.

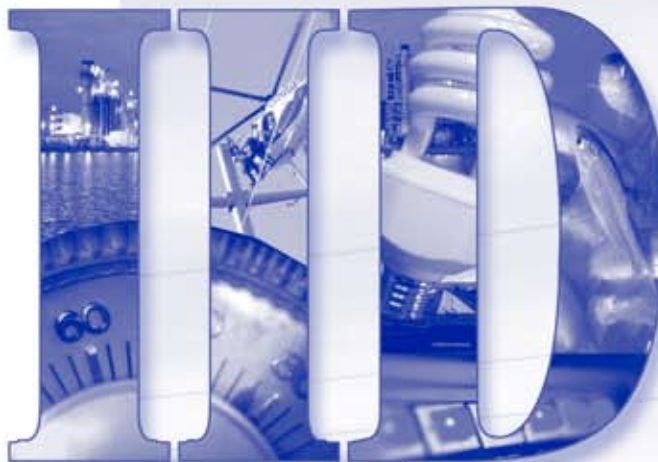
Print Name

Signature

Date

CONFIDENTIAL RECORD

Name _____



This record is confidential.

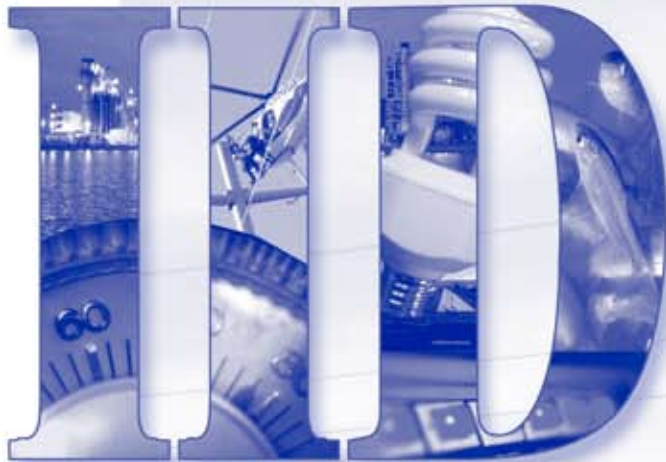
It will not be part of your regular application. It will be kept in a separate confidential file in the Human Resources Department. This statistical information is required to comply with governmental reporting. Completing this form is voluntary. If you do not wish to indicate your race or ethnicity, please mark the last choice.

Please indicate race/ethnic identification information.

- Hispanic or Latino
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (*Not Hispanic or Latino*)
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (*Not Hispanic or Latino*)
A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (*Not Hispanic or Latino*)
A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (*Not Hispanic or Latino*)
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (*Not Hispanic or Latino*)
A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (*Not Hispanic or Latino*)
All persons who identify with more than one of the above five races.
- Decline to Identify

(Definitions from the Employment Opportunity Commission.)

Signature _____ Date _____



Previous Pre-employment Employee Alcohol and Drug Test Statement

Sec. 40.25 (j). As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (See Sec. 40.25(b) (5) and (e).

Print Prospective Employee Name: _____

Last 4 digits of SSN: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- (1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

- (2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____

Date: _____

Witnessed by: _____

Date: _____

FAILURE TO COMPLETE ALL ITEMS ON THIS APPLICATION MAY RESULT IN YOUR ELIMINATION FROM THE RECRUITMENT PROCESS.

THE IMPERIAL IRRIGATION DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER THAT DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS OR SEXUAL ORIENTATION.

(TO BE FILLED OUT IN INK BY APPLICANT)

Employment Interests

Give exact title as listed on job posting.

Request No(s). _____

Position Desired		Salary Expected
Have you previously been employed by the IID? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, give dates of employment		Previous Occupation:
Are you willing to relocate? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where?		
How were you referred to our company?		
<input type="checkbox"/> Web Site	<input type="checkbox"/> IID Job Hotline	<input type="checkbox"/> EDD (Employment Development Department)
<input type="checkbox"/> Self	<input type="checkbox"/> School	<input type="checkbox"/> Employee _____
<input type="checkbox"/> Other (please list) _____		

Personal

Last Name	First Name	Initial
List all other names you have used while attending school or working:		
Mailing Address	City	State Zip
Telephone ()	Cellular ()	Last 4 Digits of SSN
E-Mail Address	Alternate telephone numbers where you may be reached or a message left. Telephone () Telephone ()	
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Class A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	State	Number Expiration Date
If you have a current Class A or B license, please list endorsements:		
Do you have a current Class A medical card? Yes <input type="checkbox"/> No <input type="checkbox"/> Expiration Date		
Are you under the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have the legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been discharged or asked to resign from any position? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		
Have you ever been denied a driver's license or had your license revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		
List all convictions, including traffic violations, misdemeanors, felonies, military, juvenile, etc. If in doubt, explain below. (i.e. Driving under the influence, petty theft, seat belts, illegal possession, etc.) Do not include convictions that have been expunged or legally sealed and marijuana-related offenses more than two years old which are exempt under Labor Code 432.8		

NOTE: A conviction record is not an absolute bar to employment.

DATE	CITY AND STATE	CHARGES	PENALTIES	REMARKS

Availability

Date available to begin work	Can you work: Overtime <input type="checkbox"/> Day Shift <input type="checkbox"/> Swing Shift <input type="checkbox"/> Night Shift <input type="checkbox"/>
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Skills

Are you fluent in any language other than English? Yes <input type="checkbox"/> No <input type="checkbox"/> Other language _____
If yes, specify your skills: Speak <input type="checkbox"/> Understand <input type="checkbox"/> Write <input type="checkbox"/> Read <input type="checkbox"/>

Specify your knowledge/skills for each area.

TYPE OF EQUIPMENT/MACHINERY	YRS	TYPE OF TOOLS	YRS	SOFTWARE PROGRAMS	YRS	OFFICE MACHINES	YRS	
						KEYBOARDING WPM		
						TRANSCRIPTION WPM		

Education

(Circle highest level of education completed)

1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4 POST GRAD: 1 2 3 4 TRADE SCHOOL: 1 2 3 4

HIGH SCHOOL	
ADDRESS	
UNITS COMPLETED TO DATE	GRADUATED: Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/> (Check One)
COLLEGE/UNIVERSITY	
ADDRESS	
UNITS COMPLETED TO DATE	GRADUATED: Yes <input type="checkbox"/> No <input type="checkbox"/> DEGREE
COLLEGE/UNIVERSITY	
ADDRESS	
UNITS COMPLETED TO DATE	GRADUATED: Yes <input type="checkbox"/> No <input type="checkbox"/> DEGREE
TRADE/BUSINESS SCHOOL	
ADDRESS	
UNITS COMPLETED TO DATE	GRADUATED: Yes <input type="checkbox"/> No <input type="checkbox"/> AREA OF STUDY
OTHER	
ADDRESS	
UNITS COMPLETED TO DATE	GRADUATED: Yes <input type="checkbox"/> No <input type="checkbox"/> AREA OF STUDY
Professional Certificates or Licenses held: _____	

Military Service Yes No

FROM	TO	MILITARY BRANCH
OCCUPATION		RANK HELD AT SEPARATION/DISCHARGE
SPECIAL TRAINING		

Personal References

List three names of persons familiar with your work, or that have known you for at least two years, whom we may contact for references. You may list co-workers **but do not list relatives.**

NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
CITY STATE	CITY STATE	CITY STATE
ZIP CODE	ZIP CODE	ZIP CODE
PHONE NO.	PHONE NO.	PHONE NO.

Work History

READ INSTRUCTIONS CAREFULLY: List your work record and experience for the **past 10 years**. Start with your present or most recent job and work back. Include self-employment and military service. Account for periods of unemployment in the spaces provided. Under duties, describe the kind of work you performed as completely as possible. Use additional sheets as necessary. Resumes will NOT be accepted in place of a completed application.

Period of unemployment: If you are currently unemployed, please complete the following:
 FROM _____ TO _____ Explain? _____

DATES EMPLOYED (Month/Year) From _____ / _____ To _____ / _____	Name of Employer:			
	Address:	City:	State:	Zip:
	Job Title and Duties:			
Total Years/Months:				
Hours Per Week:				
Salary:				
May we contact current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name/Title:		Phone:	
	Reason for Leaving:			

Period of unemployment: If you are currently unemployed, please complete the following:
 FROM _____ TO _____ Explain? _____

DATES EMPLOYED (Month/Year) From _____ / _____ To _____ / _____	Name of Employer:			
	Address:	City:	State:	Zip:
	Job Title and Duties:			
Total Years/Months:				
Hours Per Week:				
Salary:				
	Supervisor's Name/Title:		Phone:	
	Reason for Leaving:			

Period of unemployment: If you are currently unemployed, please complete the following:
 FROM _____ TO _____ Explain? _____

DATES EMPLOYED (Month/Year) From _____ / _____ To _____ / _____	Name of Employer:			
	Address:	City:	State:	Zip:
	Job Title and Duties:			
Total Years/Months:				
Hours Per Week:				
Salary:				
	Supervisor's Name/Title:		Phone:	
	Reason for Leaving:			

PLEASE READ BEFORE SIGNING: I refer you to individuals and companies listed herein for information as to my character, ability and work record. I hereby release all former employers, their representatives and individuals listed from any and all liabilities which may or may not result from information supplied by them to Imperial Irrigation District. My signature also authorizes the District to conduct a background investigation at its discretion. I am willing to take a physical and other examinations when required. I understand that misrepresentation or omission of facts called for on this application is cause for dismissal or revocation of conditional job offer.

Signature _____ Date _____

Name _____

 Last 4 Digits of SSN _____

 Ad. # _____

 Applicant # _____

INTERNAL USE ONLY