



# El Dorado Irrigation District

## APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

2890 MOSQUITO ROAD  
PLACERVILLE, CA 95667  
(530) 622-4513  
Fax: (530) 622-1134

**USE TYPEWRITER OR PRINT IN INK.** Complete this application thoroughly and accurately because incomplete applications may be rejected. Statements in your application will be checked and verified by the Human Resources Division.

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

MAILING ADDRESS \_\_\_\_\_

PHONE: ( ) ( )  
(HOME) (MESSAGE)

Please list any other names you have used while working:

How did you learn about this job?

If you have a valid California Driver's License, please complete the following:  
What type?  
Class C \_\_\_\_\_ (autos and light trucks) DL# \_\_\_\_\_  
Class B \_\_\_\_\_ (buses)  
Class A \_\_\_\_\_ (heavy trucks) Exp. Date: \_\_\_\_\_

**OFFICE USE ONLY**  
 Accepted  Rejected  
 Education  
 Experience  
 Other  
Signature \_\_\_\_\_ Date \_\_\_\_\_

POSITION APPLYING FOR:

Employment is subject to verification that your age meets any legal requirements for the job applied for.  
Are you over 17 yrs. of age? Yes  No

Are you related to any employee and / or elected official of the District? Yes  No   
If yes, list name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Have you been previously employed by the District? Yes  No   
If yes, please give dates and position below:

<b>Office / Computer Skills</b>	<b>Application Programs</b>
<input type="checkbox"/> Typing	<input type="checkbox"/> Word Processing
<input type="checkbox"/> Calculator	<input type="checkbox"/> Spreadsheet
<input type="checkbox"/> Other	<input type="checkbox"/> AutoCad
	<input type="checkbox"/> Data base
	<input type="checkbox"/> Other

	Yes	No
Do you have the legal right to work in the U.S.? (Documented proof will be required.)		
The policy of El Dorado Irrigation District is to require a physical exam and drug screen. Would you object to a physical examination which includes a drug screen?		
Would you object if we contacted your present and/or past employers?		
Have you ever been discharged from any employment or resigned in lieu of discharge?		
Have you ever been convicted of a felony or misdemeanor? <small>A YES answer will not bar you from further consideration. (Each case will be examined on the basis of job relatedness and recency.) Applicant may omit any convictions for the possession of marijuana (except for convictions for the possession of marijuana on school grounds or possession of concentrated cannabis) that are more than two (2) years old, and any information concerning a referral to, and participation in, any pretrial or post trial diversion program.</small>		
<b>If your answer to the following question is "yes", please give details in the box to the right (dates, type, charges, disposition, and where.)</b>		

### READ CAREFULLY BEFORE SIGNING

**CERTIFICATION** – I certify that all the information provided on this application is true to the best of my knowledge. I authorize any duly accredited representative of El Dorado Irrigation District to obtain any information related to my work related activities from prior and current employers. This may include, but is not limited to, achievement, performance, and disciplinary information. I direct prior and current employers to release such work-related information, regardless of any prior agreement I may have had with my prior or current employer. I release any individual, including records custodians, from all liability for damages that may result to me as a result of complying with the terms of this authorization.

**ALL INFORMATION IS SUBJECT TO VERIFICATION PRIOR TO AND AFTER EMPLOYMENT.** All statements made on or in connection with this application form are true and complete to the best of my knowledge. I understand and agree that misrepresentation or omission will cause forfeiture of all rights to employment with El Dorado Irrigation District.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

MAIL APPLICATION TO: **EL DORADO IRRIGATION DISTRICT**  
2890 MOSQUITO ROAD  
PLACERVILLE, CA 95667

\*If you move, notify Human Resources of your new address and telephone number.

**Applicant:** Please complete this questionnaire as part of your application. This information is confidential, will be separated from your application and not used for any selection decision. This information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our equal employment opportunity efforts.

• POSITION(S) APPLIED FOR \_\_\_\_\_ DATE \_\_\_\_\_

A person with a disability is anyone who:  
1. Has a physical or mental impairment which substantially limits one or more major life activities; i.e walking, seeing, hearing, speaking, working or learning; or  
2. Has a record of such impairment; or  
3. Is regarded as having such an impairment.  
Are you disabled according to any of the above definitions?  YES  NO

- ARE YOU OVER AGE 40?  YES  NO • SEX:  MALE  FEMALE
- RACE / ETHNIC GROUP:  WHITE  BLACK  HISPANIC  AMERICAN INDIAN / ALASKAN NATIVE  ASIAN / PACIFIC ISLANDER
- ARE YOU A VIETNAM ERA VETERAN?  YES  NO • ARE YOU A DISABLED VETERAN?  YES  NO

EDUCATION: Circle the highest grade completed 6 7 8 9 10 11 12 13 14 15 16 17 18										DID YOU GRADUATE FROM H.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NOT, HAVE YOU PASSED A G.E.D. TEST OR EQUIVALENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME AND LOCATION OF COLLEGES OR TRADE SCHOOLS ATTENDED					CREDITS COMPLETED		MAJOR SUBJECT OR COURSE		UNITS COMPLETED IN MAJOR	DEGREES OR CERTIFICATES			
					SEM. UNITS	QTR. UNITS							
List any special requirements of the position:					Name / Type		Expiration		Number				
1. Certification					_____		_____		_____				
2. License					_____		_____		_____				
3. Registration					_____		_____		_____				
4. Other					_____		_____		_____				
EXPERIENCE: Read the experience requirements in the job announcement before completing this section. Begin with your most recent job. LIST ALL JOBS AND ANY PERIODS OF UNEMPLOYMENT, IN THE LAST TEN YEARS. Include any military service. ALSO LIST ANY JOBS YOU HELD MORE THAN TEN YEARS AGO WHICH RELATE TO THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING. Be sure to include the number of hours per week that you worked. Also, LIST ANY VOLUNTEER EXPERIENCE WHICH RELATES TO THE JOB FOR WHICH YOU ARE APPLYING. <b>DO NOT SAY "SEE RESUME."</b>													
DATES			DUTIES						EMPLOYERS				
FROM:	TO:		YOUR TITLE:			INDICATE NO. SUPERVISED			NAME OF PRESENT OR LAST EMPLOYER:				
			YOUR DUTIES:						STREET ADDRESS:				
MO YR	MO YR								CITY, STATE, ZIP				
TOTAL TIME:									SUPV NAME:				
YRS	MOS								TITLE:				
HOURS PER WK.									TELEPHONE: ( )				
SALARY:	HR <input type="checkbox"/>		REASON FOR LEAVING										
\$	WK <input type="checkbox"/>												
MO <input type="checkbox"/>	MO <input type="checkbox"/>												
FROM:	TO:		YOUR TITLE:			INDICATE NO. SUPERVISED			PREVIOUS EMPLOYER:				
			YOUR DUTIES:						STREET ADDRESS:				
MO YR	MO YR								CITY, STATE, ZIP				
TOTAL TIME:									SUPV NAME:				
YRS	MOS								TITLE:				
HOURS PER WK.									TELEPHONE: ( )				
SALARY:	HR <input type="checkbox"/>		REASON FOR LEAVING										
\$	WK <input type="checkbox"/>												
MO <input type="checkbox"/>	MO <input type="checkbox"/>												
FROM:	TO:		YOUR TITLE:			INDICATE NO. SUPERVISED			PREVIOUS EMPLOYER:				
			YOUR DUTIES:						STREET ADDRESS:				
MO YR	MO YR								CITY, STATE, ZIP				
TOTAL TIME:									SUPV NAME:				
YRS	MOS								TITLE:				
HOURS PER WK.									TELEPHONE: ( )				
SALARY:	HR <input type="checkbox"/>		REASON FOR LEAVING										
\$	WK <input type="checkbox"/>												
MO <input type="checkbox"/>	MO <input type="checkbox"/>												
FROM:	TO:		YOUR TITLE:			INDICATE NO. SUPERVISED			PREVIOUS EMPLOYER:				
			YOUR DUTIES:						STREET ADDRESS:				
MO YR	MO YR								CITY, STATE, ZIP				
TOTAL TIME:									SUPV NAME:				
YRS	MOS								TITLE:				
HOURS PER WK.									TELEPHONE: ( )				
SALARY:	HR <input type="checkbox"/>		REASON FOR LEAVING										
\$	WK <input type="checkbox"/>												
MO <input type="checkbox"/>	MO <input type="checkbox"/>												
FROM:	TO:		YOUR TITLE:			INDICATE NO. SUPERVISED			PREVIOUS EMPLOYER:				
			YOUR DUTIES:						STREET ADDRESS:				
MO YR	MO YR								CITY, STATE, ZIP				
TOTAL TIME:									SUPV NAME:				
YRS	MOS								TITLE:				
HOURS PER WK.									TELEPHONE: ( )				
SALARY:	HR <input type="checkbox"/>		REASON FOR LEAVING										
\$	WK <input type="checkbox"/>												
MO <input type="checkbox"/>	MO <input type="checkbox"/>												

**El Dorado Irrigation District**  
2890 Mosquito Road  
Placerville, CA 95667

**Print Title  
of Position:** \_\_\_\_\_

**Your Telephone  
Number:** (\_\_\_\_\_) \_\_\_\_\_

**PRINT  
Name** \_\_\_\_\_

**Mailing  
Address** \_\_\_\_\_

**City and  
State** \_\_\_\_\_

**ZIP**

**INSTRUCTIONS TO APPLICANTS**  
*(Read Carefully)*

**Print your name, address and all other information as indicated on the left side of this sheet. Return with your application. Inform us immediately of any change in your address or telephone number.**

**NOTICE OF SCREENING RESULTS**

Based on the information you provided, your application for employment will not be considered further in the selection process for the following reason(s):

*Thank you for your interest in our District:*

- Your application has been reviewed and also compared to the other applicants. We regret that you are not among the applicants for further consideration at this time.
- Did not meet minimum qualifications.
- Incomplete application.
- Application received after final filing date.
- Other: \_\_\_\_\_