

Byron-Bethany Irrigation District Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, or any other legally protected status

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
How did you learn about us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____			
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip
Telephone Number			Email Address		

If you are under 18 years of age, can you provide required proof of your eligibility? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date? _____

Are you currently employed? Yes No

May we contact your employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what day would you be available to work? _____

Are you currently available for work: Full Time Part Time Temporary

Are you currently on "lay off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Byron-Bethany Irrigation District Headquarters
 7995 Bruns Road
 Byron, CA 94514-1625
 P 209-835-0375 F 209-835-2869
 www.bbid.org

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Education

	High School	Undergraduate College/University*	Graduate/Professional*
School name, location and phone number			
Years completed			
Describe course of study			
Describe any specialized training, apprenticeship, skills and extracurricular activities			
Describe any honors you have received			
State any additional information you feel may be helpful to us in considering your application			

*Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed

Indicate any languages, other than English, that you can speak, read and/or write

	<i>FLUENT</i>	<i>GOOD</i>	<i>FAIR</i>	
Speak				
Read				
Write				

List professional, trade, business or civic activities and offices held.
<i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:</i>

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Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities which relate to the job for which you applying. You may exclude organizations which indicate race, color, religion, gender, national origin, mental or physical disability or other protected status.

1. Employer	Dates Employed From: To:	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting: Final:	
Job Title		
Reason for Leaving		
2. Employer	Dates Employed From: To:	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting: Final:	
Job Title		
Reason for Leaving		
3. Employer	Dates Employed From: To:	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting: Final:	
Job Title		
Reason for Leaving		

If you need additional space, please continue on a separate piece of paper.

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Special Skills and Qualifications

Summarize special-job related skills and qualifications acquired from employment or other experience.

References

Give name, address and telephone number of three business references who are not related to you.

	Name	Address	Contact Number
1.			
2.			
3.			

Do you have the physical and mental ability to perform the tasks on the attached job description, with or without accommodation? *(If accommodation is necessary, please describe below)*

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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge that the policy of Byron Bethany Irrigation District (BBID) is such that the existence of a criminal conviction will not necessarily disqualify my application for employment.

I understand if offered employment, the offer may be contingent on passing a pre-employment alcohol and drug screen and a pre-employment physical and voluntarily agree to submit to these procedures. I also understand that I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California's driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and hereby acknowledge that any employment relationship with BBID is of an "at will" nature, which means that the employee may resign at any time and that BBID may discharge the employee at any time with or without a cause. I also understand that this "at will" employment relationship may not be changed by a written document or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of BBID.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of BBID.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgement) be conducted by internal personnel employed by BBID, I am entitled to copies of any such records obtained, unless I mark the checked box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

Signature of Applicant: _____ Date: _____

Notes:

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Drug & Alcohol Testing Statement for Prospective Employee

Company Name: _____

Address: _____

Phone: _____

Print name of Prospective Employee: _____

Social Security (or other ID) # _____

Prospective employee must answer the following questions as required under US DOT 49 CFR Part 40.25(j).

1. During the past three years, have you ever tested non-negative, or refused to test, on any pre-employment drug or alcohol test administered by any employer to which you applied for safety-sensitive work covered by DOT Federal Motor Carrier Safety Administration – even if the job offer was withdrawn?

YES

NO

2. If you answered YES, you will need to provide proof that you have successfully completed the DOT return-to-duty requirements (attach documentation to this Statement)

Prospective Employee Signature: _____ Date: _____

49 CFR Part 40.25(j) states that employees must ask each prospective employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by any employer to which the prospective employer applied for a safety-sensitive job under US DOT FMCSA requirements – whether the job offer was withdrawn or not. This also applies to FTA, FAA and Coast Guard.

If the prospective employee reports that he or she had a non-negative, or refusal, drug or alcohol pre-employment test, then they cannot be placed in a safety-sensitive position until and unless they provide documentation of successful completion of the return-to-duty process. (Sec. 40.25 (b) (5) and (e).

Pre-employment testing statement for prospective safety-sensitive workers. To be placed by hiring company in Driver Qualification File.

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