

Quincy-Columbia Basin Irrigation District

1720 Central Avenue S • PO Box 188
 Quincy, WA 98848
 Phone (509) 787-3591 • Fax (509) 787-3719 fax



Application Date	Month	Day	Year	Position applied for (list specific position)	This application is for: <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer
Name	Last			First	M.I.
Physical Address	Street or PO Box			City/State	Zip Code
Mailing Address (if different than physical address)	Street or PO Box			City/State	Zip Code
Telephone	Best Contact Number			Message Number	
Email Address					
What section(s) are you willing to work in? <input type="checkbox"/> ADCO <input type="checkbox"/> Winchester <input type="checkbox"/> Quincy <input type="checkbox"/> George <input type="checkbox"/> Royal <input type="checkbox"/> Blythe <input type="checkbox"/> Headquarters					
What hours/days are you available to work?				When would you be available to begin work?	
Have you previously been employed by QCBID? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, GIVE DATES)				Have you previously applied to QCBID? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, GIVE DATES)	
Are you related to any current QCBID employee(s) (spouse, parents, children, siblings, step-relatives, and in-laws)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, indicate name of individual & relationship:					
Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO				Are you legally eligible to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO QCBID participates in E-verify.	
How did you hear about this position?				Specify Source: (Name of newspaper, website, employee, etc.)	
				<input type="checkbox"/> Referral from current QCBID Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Website/Online Job Board <input type="checkbox"/> Walk-in <input type="checkbox"/> Other	

EDUCATIONAL & TRAINING RECORD

Give your complete educational history below. For any position, proof of education may be requested for employment.

High School	Name of School	City & State	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> G.E.D.		
Vocational School	Name of School	City & State	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No		Graduation Date or Last year attended _____
Major		Minor	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma		
College	Name of School	City & State	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No		Graduation Date or Last year attended _____
Major		Minor	Degree(s)		
Other Courses / Certifications Completed	Name and Addresses of School/Institute				
Course and/or Certification Title			Certificate or Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Completed
Other Courses / Certifications Completed	Name and Addresses of School/Institute				
Course and/or Certification Title			Certificate or Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Completed

LICENSE INFORMATION

Do you have a valid Washington State Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO	Driver's License number:
Do you have a Commercial Driver's License (CDL)? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, type of endorsements:
Do you have any Department of Motor Vehicle imposed restrictions on your driving privileges? <input type="checkbox"/> YES <input type="checkbox"/> NO	Driver's license expiration date:
Do you have a Public Pesticide Operators License? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, type of endorsements:

EMPLOYMENT RECORD

List employment for the past **10 years or 3 employers, whichever is greater** (use additional pages if necessary). Begin with most recent and include self-employment and military service. This application must be filled out completely for employment consideration.

WE MAY CONDUCT REFERENCE CHECKS DIRECTLY FROM INFORMATION PROVIDED IN THIS SECTION

Employer Name		Phone	Employment Dates	
			From	To
Address (Street and Mailing)			Month/Year	Month/Year
City	State	Zip	Reason for Leaving	
Job Title	Immediate Supervisor		<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> DISCHARGED	
Primary Responsibilities				

Employer Name		Phone	Employment Dates	
			From	To
Address (Street and Mailing)			Month/Year	Month/Year
City	State	Zip	Reason for Leaving	
Job Title	Immediate Supervisor		<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> DISCHARGED	
Primary Responsibilities				

Employer Name		Phone	Employment Dates	
			From	To
Address (Street and Mailing)			Month/Year	Month/Year
City	State	Zip	Reason for Leaving	
Job Title	Immediate Supervisor		<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> DISCHARGED	
Primary Responsibilities				

Employer Name		Phone	Employment Dates	
			From	To
Address (Street and Mailing)			Month/Year	Month/Year
City	State	Zip	Reason for Leaving	
Job Title	Immediate Supervisor		<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> DISCHARGED	
Primary Responsibilities				

JOB APPLICATION AGREEMENT

Read carefully before signing

I hereby give Quincy-Columbia Basin Irrigation District and their recruitment agent the right to make a thorough investigation of my present and/or past employment, personal background, work history, criminal record and credit history (if applicable to the position). I release from all liability all persons, companies, and corporations supplying such information. I indemnify and hold harmless Quincy-Columbia Basin Irrigation District and their recruitment agent against any liability, which might result from making such investigation. I understand that any false answer or statements on this form or on other required documents may result in denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Quincy-Columbia Basin Irrigation District and myself for any term of employment or employment benefit or procedure. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Quincy-Columbia Basin Irrigation District.

I agree that should an offer of employment be extended to me, this offer will be contingent on completing a pre-employment drug test, a physical examination (if required for the position), criminal background check and a current employer reference. I recognize that a final offer of employment is contingent upon satisfactory results of the above. I understand, also, that I am required to abide by all rules and regulations of the District, as permitted by law.

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

I acknowledge that Quincy-Columbia Basin Irrigation District participates in E-Verify.

Applicant Signature

Date

Applicant Name (Please Print)

Quincy-Columbia Basin Irrigation District is an Equal Opportunity Employer.



FOR EMPLOYMENT

FAIR CREDIT REPORTING ACT DISCLOSURE FOR THE PROCUREMENT OF CONSUMER REPORTS

Quincy-Columbia Basin Irrigation District may request consumer reports, as defined by the federal Fair Credit Reporting Act, on you from a consumer reporting agency in connection with your employment application and for employment purposes. A consumer report is a compilation of information that might affect your employability. These reports may contain information about your character, general reputation, personal characteristics and mode of living. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

THE SCREENING WILL BE CONDUCTED BY AN OUTSIDE AGENCY:

AcraNet
521 W Maxwell Ave
Spokane WA 99201
(800) 304-1249

Applicant Acknowledgement of Disclosure:

Printed Name: _____

Signature: _____

Date: _____

Exhibit A-4 Notice for Applicant/Employee

'Authorization' to Obtain an Investigative Consumer Report for Employment or Other Legitimate Permissible Purposes

The undersigned applicant/employee is hereby notified that Quincy-Columbia Basin Irrigation District may obtain an investigative consumer report for employment purposes through ACRA Net. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested.

Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later. Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRA Net for employment purposes at this time or anytime during the applicant/employee's tenure with employer.

I (Applicant/employee) am currently a resident of the state of California, Oklahoma or Minnesota: **Yes** **No**

If yes, by state statute, I may receive a free copy of the report being prepared in association with this employment screening investigation and a copy of my corresponding rights as a consumer. These documents will be mailed to me at the address indicated on this authorization form within 24 hours of completion. Please provide me a copy of my credit report as indicated above

Print Full Name: _____

Maiden/Former Name/Alias (list all): _____

Current Address: _____ **County:** _____

City: _____ **State:** _____ **Zip:** _____ **Dates:** _____

Previous Address: _____ **County:** _____

City: _____ **State:** _____ **Zip:** _____ **Dates:** _____

Other States of Residency (last 10 years): _____

Social Security Number: _____ **Date of Birth:** ____/____/____

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

Driver's License Number: _____ **State of Issue:** _____

NOTE: Check box indicates this position requires an employment credit report due to law, fiduciary responsibilities or access to cash, valuables or sensitive consumer records. Signature acknowledges acceptance of this requirement.

Signature: _____ **Date:** _____

NOTE: The above information and attached exhibits are presented to assist you in compliance with the revised federal Fair Credit Reporting Act. They represent our understanding and interpretation of the amendments which became effective September 30, 1997 and November 2, 1998. ACRA Net Incorporated does not intend for this information and the related attachments to be construed as legal advice. We urge all subscribers to review their procedures and documents with their respective legal counsel.

Release of Information Authorization

U.S. Department of Transportation Previous Employment Testing History

Employers regulated by the Department of Transportation (DOT) must ask all prospective employees offered DOT-regulated positions whether they have tested positive or refused to test on any DOT-required pre-employment drug or alcohol test in the preceding three (3) years. Please respond “yes” or “no” to the following questions by placing an “X” in the appropriate box.

Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

In the last three (3) years:

1. Have you tested positive on any pre-employment drug or alcohol test administered by a DOT-regulated employer to which you applied for, but did not obtain, safety-sensitive transportation work? Yes No
2. Have you refused to test (including adulterated or substituted test results) on any pre-employment drug or alcohol test administered by a DOT-regulated employer to which you applied for, but did not obtain, safety-sensitive transportation work? Yes No
3. If you responded “Yes” to either Question 1 or 2 above, have you successfully completed the DOT-required return-to-duty process? Yes No

Please provide the name, address, and telephone number of the Substance Abuse Profession (SAP), if any, to which you were referred as part of the DOT-required return-to-duty process:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

~ OR ~

If you responded “No” to both questions 1 and 2 above, please check the following box.

I (printed name) _____ hereby authorize my previous employer:

Previous Employer: _____ Employed from _____/_____/_____ to

Address: _____ /_____/_____

City/State/Zip: _____

Telephone: _____ Fax: _____

to disclose to Quincy-Columbia Basin Irrigation District (QCBID) and/or QCL, Inc. the results of any drug tests, evidential alcohol breath tests, refusals to test, and treatment records (pursuant to the US Department of Transportation Regulations regarding myself within the **last three (3) years** as required under 49 CFR § 40.25(j). I further agree to allow QCL, Inc. to disclose this information to QCBID, and agree to hold harmless both QCBID and QCL, Inc. its officers, directors, employees, and agents for any damages, loss of employment or any consequence arising out of or resulting from either obtaining such information or the disclosure thereof. This consent is subject to revocation at any time. However, such revocation does not apply to disclosure made prior to notice. This authorization expires without express revocation sixty (60) days from the date that appears below. I understand I have the right to inspect and copy any written information disclosed.

I certify that the information set forth above is true and complete to the best of my knowledge. I understand that failure to provide this information is grounds for withdrawal of any conditional offer of employment. I further understand that if I am subsequently employed, any false statements I provide on this form may result in my dismissal.

Applicant’s Signature: _____ Date: _____

NOTE: Complete a separate form for each previous employer within the last three (3) years

Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

The previous employee listed in Section 1, _____, was employed from _____/_____/_____ to _____/_____/_____.

- 1. Has this individual received a verified positive drug test result in the last three (3) years? Yes No
- 2. Has this person received an alcohol test result with a breath alcohol concentration of 0.04 or greater in the last three (3) years? Yes No
- 3. Has this person refused a required test for drugs and/or alcohol in the last three (3) years (including verified adulterated or substituted drug test results)? Yes No
- 4. Has this person violated any other DOT agency drug and alcohol testing requirements? Yes No
- 5. Has this person violated any DOT drug and alcohol regulations (i.e.: positive test, refusal to test)? Yes No

If "Yes" to any of the above questions, please provide the name, address, and telephone number of the Substance Abuse Profession (SAP), for further reference:

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

~ OR ~

If this employee did not perform any safety-sensitive function regulated by the U.S. Department of Transportation check the following box.

Completed by: _____ Date: _____

Signature: _____ Position: _____

Return Completed form to:
Human Resources
Quincy-Columbia Basin Irrigation District
PO Box 188
Quincy WA 98848

Email: humanresources@qcbid.org

Fax: (509) 787-3719