

# Quincy-Columbia Basin Irrigation District

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



<b>Application Date</b>	Month	Day	Year	<b>Position applied for</b> (list specific position)	This application is for: <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer
<b>Name</b>	Last			First	M.I.
<b>Physical Address</b>	Street or PO Box			City/State	Zip Code
<b>Mailing Address</b> (if different than physical address)	Street or PO Box			City/State	Zip Code
<b>Telephone</b>	Best Contact Number			Message Number	
<b>Email Address</b>					
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.

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

## 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**

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

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

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

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

## GAPS IN EMPLOYMENT

Explain below any gaps in employment history

FROM		TO		What were you doing during this period?
Month	Year	Month	Year	

### SKILLS/EXPERIENCE

Below indicate the job skills related to this position you have acquired and equipment you can operate include amount of experience in each area.  
 Attach an additional sheet if necessary.

Skill	Amount of Experience	Employer/Place skills where learned or applied

### PROFESSIONAL REFERENCES

List three (3) work references, **not friends or relatives**, who are familiar with your work qualifications that may be contacted for reference.

Name	Telephone Number	Work Relationship & Company
Name	Telephone Number	Work Relationship & Company
Name	Telephone Number	Work Relationship & Company

## 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.

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*Applicant Signature*

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*Date*

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*Applicant Name (Please Print)*

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

# ACRA Net

## Exhibit A-4 Notice for Applicant/Employee

### 'Notice of Intent' and '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.



# Quincy-Columbia Basin Irrigation District

Telephone (509) 787-3591 Fax (509) 787-3719  
Post Office Box 188

Quincy, Washington 98848

## Release of Information Authorization - 49 CFR Part 40 Drug and Alcohol Testing

Printed Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### Section I – complete one form for every employer during any period two years before the date of this authorization

#### I-A. Request From:

Quincy-Columbia Basin Irrigation District (QCBID)  
ATTN: Tammra Brost, HR Programs Manager  
PO Box 188  
Quincy WA 98848  
Phone: (509) 787-3591  
Fax: (509) 787-3719

#### I-B. Request To (Previous Employer):

Business Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the new employer listed in Section I-A. **This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25.** I understand information to be released in Section 2-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### The following section to be completed by the previous employer listed above

#### Section 2

#### 2-A. In the three years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:

- |   |     |        |
|---|-----|--------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher?                                   | YES | NO     |
| 2. Did the employee have verified positive drug tests?  | YES | NO     |
| 3. Did the employee refuse to be tested?  | YES | NO     |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?             | YES | NO     |
| 5. Did a previous employer report a drug and alcohol rule violation to you?                               | YES | NO     |
| <i>NOTE: If you answered "yes" to item 5, you must provide the previous employer's report.</i>            |     |        |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A | YES NO |

*NOTE: If you answered "yes" to item 6, please transmit return-to-duty documentation (ie, SAP report, follow-up testing record, etc.)*

#### 2-B.

Printed name of person providing information in Section 2-A:

\_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank you for your time and assistance.  
Please return to QCBID Human Resources via fax (509) 787-3719 or email [HumanResources@qcbid.org](mailto:HumanResources@qcbid.org)**