

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"/> Quincy Headquarters <input type="checkbox"/> Royal					
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 any Department of Motor Vehicle imposed restrictions on your driving privileges? <input type="checkbox"/> YES <input type="checkbox"/> NO	Driver's license expiration date:

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	
Address (Street and Mailing)			From	To
			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	
Address (Street and Mailing)			From	To
			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	
Address (Street and Mailing)			From	To
			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	
Address (Street and Mailing)			From	To
			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: _____



**Notice for Applicant/Employee
A-4 Authorization**

**'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 _____ (Employer) may obtain an investigative consumer report for employment purposes through ACRANet. 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 they are herein informed of their 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 ACRANet for employment purposes at this time or anytime during the applicant/employee's tenure with employer.

Print Full Name:

Former Name/Maiden Name (list all):

Street Address:

City: _____ **State:** _____

Zip: _____

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 # (if applicable) _____ State of Issue _____

Signature: _____ Date: _____