



**LICENSES AND CERTIFICATES**

If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions:

Name of Trade or Profession \_\_\_\_\_ License Number \_\_\_\_\_  
Granted by \_\_\_\_\_ City and/or State of \_\_\_\_\_  
Specialty \_\_\_\_\_ Licensed from \_\_\_\_\_ to \_\_\_\_\_

---

**IF THE POSITION FOR WHICH YOU ARE APPLYING REQUIRES A DRIVER'S LICENSE, COMPLETE THE FOLLOWING:**

Driver's License # \_\_\_\_\_ Class \_\_\_\_\_ Date Expires \_\_\_\_\_ State Issuing License \_\_\_\_\_

---

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?** Exclude the following from your response: 1. An arrest or detention that did not result in a conviction; 2. Any conviction for which the record has been judicially expunged, sealed or eradicated such as certain juvenile records; 3. Any misdemeanor conviction for which probation has been completed and the case has been judicially dismissed; 4. Any arrest for which a pretrial diversion program has been successfully completed in accordance with Penal Code Sections 1000.5 or 1001.5, Vehicle Code Sections 13201 or 13352.5 and any other program expressly authorized and described by statute as a diversion program; and 5. Any convictions for marijuana offenses that are more than two years old.

(A criminal record will not necessarily exclude you from employment.)

Yes       No      **If yes, please explain below**

---

---

---

---

---

---

---

---

---

**ARE YOU CURRENTLY OUT ON BAIL OR ON YOUR OWN RECOGNIZANCE PENDING TRIAL ON CRIMINAL CHARGES?**

Yes       No      **If yes, please explain below**

---

---

---

---

---

---

---

---

Show your most recent job first. List all other jobs in order. Please include information pertaining to unpaid or volunteer experience. Use a separate block for each job even though with the same organization. Use additional sheets if necessary. If hours of work varied, give average.

MAY WE CONTACT YOUR CURRENT EMPLOYER?  Yes  No  
MAY WE CONTACT YOUR PREVIOUS EMPLOYERS?  Yes  No If no, specify: \_\_\_\_\_

FROM _____   _____ (Mo.) (Yr.)	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Position Title _____ Employer's Name _____ Address _____ Phone No. _____
TO _____   _____ (Mo.) (Yr.)	Hours per week _____	
PAY RATE _____		
Supervisor's Name & Title _____		
Duties _____ _____ _____		
Reason for Leaving _____ _____		

FROM _____   _____ (Mo.) (Yr.)	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Position Title _____ Employer's Name _____ Address _____ Phone No. _____
TO _____   _____ (Mo.) (Yr.)	Hours per week _____	
PAY RATE _____		
Supervisor's Name & Title _____		
Duties _____ _____ _____		
Reason for Leaving _____ _____		

FROM _____   _____ (Mo.) (Yr.)	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Position Title _____ Employer's Name _____ Address _____ Phone No. _____
TO _____   _____ (Mo.) (Yr.)	Hours per week _____	
PAY RATE _____		
Supervisor's Name & Title _____		
Duties _____ _____ _____		
Reason for Leaving _____ _____		

FROM _____   _____ (Mo.) (Yr.)	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Position Title _____ Employer's Name _____ Address _____ Phone No. _____
TO _____   _____ (Mo.) (Yr.)	Hours per week _____	
PAY RATE _____		
Supervisor's Name & Title _____		
Duties _____ _____ _____		
Reason for Leaving _____ _____		

---

ARE YOU AT LEAST 18 YEARS OF AGE?  Yes  No

DO YOU HAVE ANY RELATIVE/DOMESTIC PARTNER THAT ARE CURRENTLY EMPLOYED WITH THE OAKDALE IRRIGATION DISTRICT:  Yes  No  
IF YES, WHO \_\_\_\_\_

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.?  Yes  No

---

**PROOF OF THE LEGAL RIGHT TO WORK IS REQUIRED AFTER ANY OFFERS OF EMPLOYMENT.**

---

I *CERTIFY* that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand and agree that any misrepresentation, fraud, or omission of material may be grounds to deny District employment or for disciplinary action including dismissal. I agree to submit to a job related medical exam including a drug and alcohol screen upon my acceptance of a position with Oakdale Irrigation District. If employment is obtained under this application I will comply with all orders, rules and regulations of the OID. I hereby release said companies, schools, and persons from all liability for any damages for issuing information regarding education and/or employment.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature (Required)

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application, or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Oakdale Irrigation District to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Oakdale Irrigation District any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Oakdale Irrigation District from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview that may be granted is intended to create an employment contract between Oakdale Irrigation District and me.

For purposes of this authorization and waiver, a photocopy of my signature shall have the same force and effect as my original signature.

## APPLICANT IDENTIFICATION RECORD

Regulations of the California Fair Employment and Housing Commission require employers to obtain certain information from each job applicant. This form is used to provide each applicant with an opportunity to furnish such information **voluntarily**. All information that is provided voluntarily will be used only for record-keeping purposes. Further, such information will be kept separate from the application and employee's personnel file. Such information will not be used for any discriminatory purposes.

1. Sex:            Male \_\_\_\_\_ Female \_\_\_\_\_
2. Position Applied For \_\_\_\_\_
3. Please Check One:
  - A. \_\_\_\_\_ American Indian or Alaskan Native
  - B. \_\_\_\_\_ Asian or Pacific Islander
  - C. \_\_\_\_\_ Black
  - D. \_\_\_\_\_ Hispanic
  - E. \_\_\_\_\_ Caucasian
  - F. \_\_\_\_\_ Other (Please Specify \_\_\_\_\_)
4. National Origin: \_\_\_\_\_
5. Date: \_\_\_\_\_