Instructions for completing a Solano Irrigation District Job Application

STEPS:

1. The District's job application can be completed by tabbing from one field to another and inputting the appropriate information requested.

2. You may either click or hit the space bar for those boxes requiring a check mark.

3. After the application has been completed, please print.

4. Please sign and date your application in ink.

5. Submit the signed application and any other required documentation (i.e. supplemental application, certificates) to:

Solano Irrigation District
Attn: Human Resources
810 Vaca Valley Parkway, Suite 201
Vacaville, CA 95688

6. Applications **must** be received by the closing date and time stated on the job posting.

Postmarks, faxed applications or résumés will not be accepted in lieu of original District application.

Thank you for your interest in Solano Irrigation District.

SOLANO IRRIGATION DISTRICT
Human Resources Department
810 Vaca Valley Parkway, Suite 201
Vacaville, CA 95688

EMPLOYMENT APPLICATION

Please note:

- A separate employment application is required for each recruitment.
- Use computer/typewriter or print in ink.
- Complete this application in its entirety. The District reserves the right to reject incomplete or illegible applications.
- If your answer to a question is "None", respond to the question as "None" rather than leaving the question blank.
- Resumes are accepted with application; however, resumes are not a substitute for completing the application in its entirety.
- Applications **must be personally signed and dated** before being accepted.
- Faxes are not accepted.

1. Title of Position		2. Social Security No.	
3. Last Name	First Name	Middle Initial	
4. Other Name(s) (that you have used under which educational or employment records exist):			
5. Present Address – No. and Street	City	State	Zip
6. Residence Telephone No.	Business Telephone No.	Cellular Telephone No.	
7. E-mail Address			

8. Are you at least 18 years of age? ☐ Yes ☐ No

9. Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of each applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment. Are you authorized to work for all employers in the United States on a full-time basis, or only for your current employer?
(Solano Irrigation District does not currently sponsor any non-immigrant candidates with any categories of visas.)

☐ All Employers ☐ Current Employer

10. Are you fluent in any language other than English? ☐ Yes ☐ No
If yes, please specify:

11. **EDUCATION**
Did you graduate from High School? ☐ Yes ☐ No General Education Diploma or CA Proficiency? ☐ Yes ☐ No
Name and Location of High School:

NAME OF COLLEGE OR UNIVERSITY CITY, STATE	CREDITS/UNITS COMPLETED	DID YOU GRADUATE?	LIST DEGREE OR DIPLOMA	MAJOR STUDIES (INDICATE GRADUATE STUDY IF APPLICABLE)
		☐ YES ☐ NO		
		☐ YES ☐ NO		
		☐ YES ☐ NO		
		☐ YES ☐ NO		
Other: Technical, Trade, Business, etc.				

12. **LICENSES and CERTIFICATES**

DESCRIPTION (INDICATE PROFESSIONAL, TRADE, ETC.)	CERTIFICATE NO.	ISSUED BY	EXPIRATION DATE

13. **EMPLOYMENT HISTORY**: Begin with your most recent experience and account for all time during the last ten years, excluding volunteer or non-paid internship experience. If additional space is required, attach additional sheets. Attaching a separate resume is recommended but will not be used in lieu of completing this form (your application will be subject to rejection if this section is not completed in full). BE SURE TO LIST EACH CHANGE IN TITLE OR PROMOTION SEPARATELY.

FROM: (MONTH, DAY, AND YEAR)	EXACT TITLE OR POSITION:			
TO: (MONTH, DAY AND YEAR)	NAME OF EMPLOYER:			
TOTAL YEARS MOS.	STREET ADDRESS:	CITY	STATE	ZIP
TITLE OF YOUR SUPERVISOR:	NAME OF YOUR SUPERVISOR:			
TELEPHONE NO.	Are you still employed? ☐ Yes ☐ No Did you supervise? ☐ Yes ☐ No if "Yes", Number of Employees:			
REASON FOR LEAVING:	HOURS WORKED PER WEEK:	MONTHLY SALARY: $		
JOB DUTIES WERE:				

FROM: (MONTH, DAY, AND YEAR)	EXACT TITLE OR POSITION:			
TO: (MONTH, DAY AND YEAR)	NAME OF EMPLOYER:			
TOTAL YEARS MOS.	STREET ADDRESS:	CITY	STATE	ZIP
TITLE OF YOUR SUPERVISOR:	NAME OF YOUR SUPERVISOR:			
TELEPHONE NO.	Are you still employed? ☐ Yes ☐ No Did you supervise? ☐ Yes ☐ No if "Yes", Number of Employees:			
REASON FOR LEAVING:	HOURS WORKED PER WEEK:	MONTHLY SALARY: $		
JOB DUTIES WERE:				

FROM: (MONTH, DAY, AND YEAR)	EXACT TITLE OR POSITION:			
TO: (MONTH, DAY AND YEAR)	NAME OF EMPLOYER:			
TOTAL YEARS MOS.	STREET ADDRESS:	CITY	STATE	ZIP
TITLE OF YOUR SUPERVISOR:	NAME OF YOUR SUPERVISOR:			
TELEPHONE NO.	Are you still employed? ☐ Yes ☐ No Did you supervise? ☐ Yes ☐ No if "Yes", Number of Employees:			
REASON FOR LEAVING:	HOURS WORKED PER WEEK:	MONTHLY SALARY: $		
JOB DUTIES WERE:				

FROM: (MONTH, DAY, AND YEAR)	EXACT TITLE OR POSITION:			
TO: (MONTH, DAY AND YEAR)	NAME OF EMPLOYER:			
TOTAL YEARS MOS.	STREET ADDRESS:	CITY	STATE	ZIP
TITLE OF YOUR SUPERVISOR:	NAME OF YOUR SUPERVISOR:			
TELEPHONE NO.	Are you still employed? ☐ Yes ☐ No Did you supervise? ☐ Yes ☐ No if "Yes", Number of Employees:			
REASON FOR LEAVING:	HOURS WORKED PER WEEK:	MONTHLY SALARY: $		
JOB DUTIES WERE:				

Any "Yes" answers to items 14-19 MUST be explained on the space provided after each question.

14. Do you possess a valid California Driver's License? ☐ YES ☐ NO

License Number:	Class License:	Expiration Date:

15. Have you ever been convicted of any offense? If you answered "Yes", please explain fully on a separate page. ☐ YES ☐ NO

Do not include minor traffic infractions, convictions where the record has been sealed or expunged, any conviction where probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to any participation in any pre-trial or post-trial diversion programs. This question does not apply to marijuana-related convictions under California Health and Safety Code sections 11357(b), 11357(c), 11360(b), 11364, 11365, or 11550 if more than two years have passed from the date of conviction. You must disclose a felony (not a misdemeanor) conviction that has been judicially dismissed pursuant to Penal Code section 1203.4. Each case is considered individually.

The Solano Irrigation District will not deny employment to any applicant solely because the person has been convicted of a crime. The District, however, may consider the nature, date and circumstance of the offense as well as whether the offense is relevant to the duties of the position applied for.

16. Are you related to any District employee? ☐ YES ☐ NO
If "Yes", please list the names and relationship of each District employee you are related to.

17. Are you **currently** working at the District? ☐ YES ☐ NO

If "Yes": ☐ Regular Status ☐ Temporary Worker

18. Have you **previously** been employed by the District? ☐ YES ☐ NO

If "Yes": please list job titles and dates.

19. May we contact your current or most recent employer? ☐ YES ☐ NO

If "No", please state the reason:

CERTIFICATE OF APPLICANT

I understand that a job offer from Solano Irrigation District is contingent upon successful completion of pre-placement screening process which may include medical/drug screen and other pre-employment examinations. I hereby certify that all information on this application and any attachments are complete, accurate and true to the best of my knowledge. I agree and understand that any omission or misrepresentation by me on this application will result in cancellation of my application or termination of my employment.

SIGNATURE OF APPLICANT:_____ DATE:_____

SOLANO IRRIGATION DISTRICT
EQUAL OPPORTUNITY EMPLOYER QUESTIONNAIRE

To assist Solano Irrigation District in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This questionnaire will be separated from the application upon receipt and will not be used in any employment decisions. This information is voluntary and is gathered in accordance with State and Federal laws. We appreciate your cooperation.

Position Applied For:

In order to assist the District in evaluating the effectiveness of its recruitment program, please indicate below how you became aware of this job opportunity:

☐ District Recruitment ☐ District Website ☐ District Employee

☐ Newspaper (name) ☐ Trade / Professional Journal (name)

☐ Other Internet Website (web site address) ☐ E.D.D. / Unemployment Office

☐ Other (Please specify)

GENDER: ☐ Male ☐ Female

AGE: Over 40 years? ☐ Yes ☐ No

RACE/ETHNIC CATEGORY

☐ **WHITE** (Not of Hispanic Origin): All persons having origins in any of the origin of peoples of Europe, North Africa or Middle East

☐ **BLACK or AFRICAN AMERICAN** (Not of Hispanic Origin): All persons having origins in any of the Black racial groups of Africa

☐ **HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race

☐ **ASIAN OR PACIFIC ISLANDER**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, Samoa, and Philippine Islands.

☐ **AMERICAN INDIAN OR ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition

☐ **OTHER** Please specify:

APPLICANTS WITH DISABILITIES

DISABLED ☐ Yes ☐ No

A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record or history of such impairment or medical condition; or (3) is regarded as having such an impairment or medical condition.

If you are a qualified individual with a disability, that is, someone who is able to perform the essential functions of the job, with or without reasonable accommodation, and need special arrangements during the examination/selection process, please attach a letter to this application explaining the nature of the special accommodation you will require.