



EMPLOYMENT APPLICATION

Thank you for considering Santiam Water Control District (SWCD) in your job search. SWCD is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status or military service, sexual orientation or other protected status in accordance with applicable law. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

CONFIDENTIAL

Please complete by printing in dark ink, complete all questions, and sign your initials and name on the last page where indicated.

THE APPLICATION FOR EMPLOYMENT MUST BE COMPLETED IN FULL EVEN IF A RESUMÉ IS ATTACHED

PERSONAL INFORMATION

| LAST NAME | FIRST NAME | MIDDLE INITIAL |
|-------------------|----------------------|--------------------|
| | | |
| STREET ADDRESS | CITY AND STATE | ZIP CODE |
| | | |
| HOME PHONE NUMBER | WORK PHONE NUMBER | DATE YOU CAN BEGIN |
| | | |
| E-MAIL ADDRESS | POSITION APPLIED FOR | SALARY DESIRED |
| | | |

| LEVEL AND TYPE OF EDUCATION | SCHOOL NAME | CITY AND STATE | LAST YEAR COMPLETED | DID YOU GRADUATE? |
|-----------------------------|-------------|----------------|---------------------|------------------------|
| HIGH SCHOOL | | | __9 __10 __11 __12 | __ YES __ NO |
| COLLEGE OR UNIVERSITY | | | | DEGREE |
| OTHER SCHOOLS | | | | CERTIFICATE OR LICENSE |

SPECIAL SKILLS

Software Applications:

EMPLOYMENT BACKGROUND

| Employer | Address |
|--------------------|--------------------------------------|
| | |
| Telephone Number | Supervisor's Name |
| | |
| Job Title | Dates of Employment (month and year) |
| | From: _____ To: _____ |
| Starting Salary | Ending Salary |
| | |
| Reason for Leaving | Essential Job Duties |
| | |

| Employer | Address |
|--------------------|--------------------------------------|
| | |
| Telephone Number | Supervisor's Name |
| | |
| Job Title | Dates of Employment (month and year) |
| | From: _____ To: _____ |
| Starting Salary | Ending Salary |
| | |
| Reason for Leaving | Essential Job Duties |
| | |

| | |
|--------------------|--------------------------------------|
| Employer | Address |
| | |
| Telephone Number | Supervisor's Name |
| | |
| Job Title | Dates of Employment (month and year) |
| | From: _____ To: _____ |
| Starting Salary | Ending Salary |
| | |
| Reason for Leaving | Essential Job Duties |
| | |

GENERAL INFORMATION

| | |
|---|--|
| May we contact your present employer? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you have the legal right to work in the United States? (if hired, you will be required to provide identification to prove eligibility for employment) | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Have you been employed or attended school using any other name? If yes, please indicate Names previously used: | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you have any employment restrictions resulting from a non-compete or confidentiality agreement? If yes, please explain: | <input type="checkbox"/> yes <input type="checkbox"/> no |

ADDITIONAL INFORMATION:

Please use the space provided to list any additional employers, periods of time not worked, or any other information that you believe we should know in considering your application for employment.

CERTIFICATION OF APPLICANT

**Please read the following statements carefully before signing this application
Please ask any questions you may have before signing**

Application for Employment must be fully completed, signed and dated

1. I certify that all of the answers and statements I have made on this application (and any oral information and attachments submitted by me, such as a resume, veterans' preference form, etc.) are true and complete without omissions. I understand that any falsification, misrepresentation, or omission made by me will result in denial of employment, withdrawal of an offer of employment, or termination from employment, as applicable, regardless of when and how discovered.
2. I authorize Santiam Water Control District (SWCD) to contact any of my references, past and present employers, and/or other persons named in this application for the purpose of obtaining information about my employment history, education, character and qualifications for employment. I release SWCD from any and all claims and liability in connection with such contacts and inquiries. I also agree to sign any written authorizations and releases requested by SWCD or my references in order for SWCD to obtain the requested information.
3. I understand that if I am offered employment, I will be required to pass (to SWCD's satisfaction), a pre-employment criminal history check, credit check (if applicable to the position for which I am applying), and driver's record check (due to company vehicles available for business use) as a condition of being hired.
4. I understand that if I am offered employment in a DOT regulated position, or any position designated by SWCD as a safety sensitive position, I will be required to pass a pre-employment physical and drug screen (*including for marijuana and other unlawful drugs*) as a condition of employment. I understand that a positive drug test will disqualify me from employment.
5. I understand that my employment is contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and control Act of 1986.
6. I understand and agree that, if I am hired, I will be responsible for complying with all policies and rules of SWCD as they presently exist or are later modified. I also understand and agree that employment with SWCD is At-Will and can be terminated at any time by me or by SWCD for any reason not prohibited by law except as specifically set forth in an applicable collective bargaining agreement or individual employment agreement signed and dated by SWCD's General Manager (or Board of Directors if applicable to the General Manager position). I understand that no one other than SWCD's General Manager (or Board of Directors if applicable to the General Manager position) has any authority to enter into any employment agreement for any specified period of time, to change the At-Will nature of the employment relationship, or to otherwise assure me of any future position, benefits, or terms and conditions of employment. Any such agreement must be in writing and signed by the General Manager (or Board of Directors if applicable to the General Manager position) to be valid.
7. This application is valid only for the job position and job opening applied for. If Applicant wants to be considered for other job openings, then applicant must submit a new, fully completed, signed, dated and current Application for Employment.

I have read, understand, and agree with all of the above.

Applicant Signature _____ Date _____

Unsigned applications will not be processed

SANTIAM WATER CONTROL DISTRICT

Veterans' Preference Form

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment or promotion preference. Please read the following checklist carefully and check the box for each item that applies to you. If you need further explanation, or have special circumstances, please call at 503.769.2669

IN ORDER TO BE ELIGIBLE TO RECEIVE VETERANS' PREFERENCE, THIS COMPLETED FORM AND THE REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT. PREFERENCE WILL NOT BE AWARDED WITHOUT THE APPROPRIATE DOCUMENTATION.

QUALIFIED DISABLED VETERAN QUESTIONS: You may claim additional employment preference if you can check at least one box below and provide proof of eligibility by submitting both of the documents listed below:

1. A copy of your DD-214 or DD-215, Certificate of Release or Discharge, Copy 4, and
2. A public employment veteran's disability preference letter from the United States Department of Veterans' Affairs (unless the information is included in the DD Form 214/215). To order the letter, call 1-800-827-1000 and request a public employment preference letter.

- I have a disability rating through the United States Department of Veterans Affairs; **or**
- I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; **or**
- I was awarded the Purple Heart for wounds received in combat.; **or**
- I am eligible to claim veterans preference for another reason as provided by law.

I hereby claim veteran's preference and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification or dismissal, regardless of when discovered.

Print Name _____ Service Number _____

Signature of Applicant

Date

Position(s) applied for _____