



**Modesto Irrigation District**  
1231 Eleventh Street - PO Box 4060  
Modesto, CA 95352  
Phone: (209)526-7341 Fax: (209) 526-7527  
[www.mid.org](http://www.mid.org)

## APPLICATION REQUIREMENTS

### **Please read carefully**

This application is part of the selection process. It is the applicant's responsibility to ensure that the application is complete and returned to the Human Resources Division. Late or incomplete applications will not be accepted. Please ensure that all of the required information is complete. The information is requested to help measure the interest and qualifications of the applicant for the vacant job classification. No other use will be made of the information without permission of the applicant. Resumes may be added, but may not be substituted for completion of this application. You may attach any additional information you feel is pertinent to this position. A separate application for each position is required.

Please print legibly in ink or type the requested information; applications are available for online fill-in from the Careers tab on the MID website at [www.mid.org](http://www.mid.org).

Applications will be reviewed on a comparative basis and only those most qualified will be invited to continue in the selection process.

Return the completed application and any required supplements to:

**MID Human Resources Division  
1231 Eleventh Street  
PO Box 4060  
Modesto, CA 95352**



## Work History

Enter the most recent job first, then list other jobs in chronological order. Use a separate block for each job held including when it is for the same organization. Use additional sheets if necessary. Your application will be rejected if you write "see resume". Resumes may be added, but may not be substituted for this section.

<b>FROM:</b> Mo.      Yr.	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	<b>Job Title:</b>	<b>Supervisor's Name:</b>
		<b>Employer's Name:</b>	<b>Supv Title:</b>
<b>TO:</b> Mo.      Yr.	Hrs Per Week:	<b>Address:</b>	<b>Supv Phone:</b>
		<b>City State Zip:</b>	<b>Your Salary:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly
<b>Job Duties:</b> (Max 4 lines)			
<b>Reason for Leaving:</b>			

<b>FROM:</b> Mo.      Yr.	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	<b>Job Title:</b>	<b>Supervisor's Name:</b>
		<b>Employer's Name:</b>	<b>Supv Title:</b>
<b>TO:</b> Mo.      Yr.	Hrs Per Week:	<b>Address:</b>	<b>Supv Phone:</b>
		<b>City State Zip:</b>	<b>Your Salary:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly
<b>Job Duties:</b> (Max 4 lines)			
<b>Reason for Leaving:</b>			

<b>FROM:</b> Mo.      Yr.	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	<b>Job Title:</b>	<b>Supervisor's Name:</b>
		<b>Employer's Name:</b>	<b>Supv Title:</b>
<b>TO:</b> Mo.      Yr.	Hrs Per Week:	<b>Address:</b>	<b>Supv Phone:</b>
		<b>City State Zip:</b>	<b>Your Salary:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly
<b>Job Duties:</b> (Max 4 lines)			
<b>Reason for Leaving:</b>			

<b>FROM:</b> Mo.      Yr.	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	<b>Job Title:</b>	<b>Supervisor's Name:</b>
		<b>Employer's Name:</b>	<b>Supv Title:</b>
<b>TO:</b> Mo.      Yr.	Hrs Per Week:	<b>Address:</b>	<b>Supv Phone:</b>
		<b>City State Zip:</b>	<b>Your Salary:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly
<b>Job Duties:</b> (Max 4 lines)			
<b>Reason for Leaving:</b>			

## Authorization and Agreement

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 facts may be grounds to deny District employment or for disciplinary action including dismissal. I agree to take the loyalty oath upon acceptance of a position with Modesto Irrigation District (MID). I agree to submit to a job-related medical exam including a drug and alcohol screen upon my acceptance of a position with MID. If employment is obtained under this application, I will comply with all orders, rules and regulations of MID. I authorize the references listed above, as well as all other individuals whom the District contacts, to provide the District any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the District as well as from any use or disclosure of such information by the District or any of its agents, employees or representatives.

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

\_\_\_\_\_  
Date



**Modesto Irrigation District**  
 Human Resources Division  
 1231 Eleventh Street - PO Box 4060  
 Modesto, CA 95352  
 www.mid.org

**STATISTICAL DATA FORM**

Name:

Position:

Date:

**Source of Job Opening**

Please indicate how you learned of this vacancy and specify details.

- |  |  |
|--|--|
| <input type="checkbox"/> Newspaper: <input type="text"/>           | <input type="checkbox"/> MID HR Office           |
| <input type="checkbox"/> Organization: <input type="text"/>        | <input type="checkbox"/> MID Website             |
| <input type="checkbox"/> Internet: <input type="text"/>            | <input type="checkbox"/> MID Job Line            |
| <input type="checkbox"/> Magazine/Periodical: <input type="text"/> | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Friend/Relative                           | <input type="text"/>                             |

*Modesto Irrigation District is an equal opportunity employer. Please complete this form and submit it with your application. The form will be detached from your application. It will be kept separate and confidential. We are gathering this information to evaluate the effectiveness of the devices which MID uses to recruit and promote applicants. It will be used strictly for statistical and analytical purposes.*

**Ethnic Category and Gender**

I consider myself to be a member of the following ethnic group: (Check one)

- AMERICAN INDIAN OR ALASKA NATIVE** (Not Hispanic, or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ASIAN** ( Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, thePhilippine Islands, Thailand and Vietnam.
- BLACK or AFRICAN AMERICAN** (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- HISPANIC or LATINO** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER** (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE** (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- TWO OR MORE RACES** (Not Hispanic or Latino) - All persons who identify with more than one of the above six (6) races.

Gender:  Female  Male