



APPLICATION FOR EMPLOYMENT

P.O. Box T/Vashon, WA 98070-0397  
17630 100<sup>th</sup> Ave SW

Phone: (206) 463-9007  
Fax: (206) 463-1262

Position(s) applying for \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone # ( ) \_\_\_\_\_ Mobile # ( ) \_\_\_\_\_ email: \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit? \_\_\_\_\_  
If no, please explain \_\_\_\_\_

Have you ever been employed here before? If yes, give dates and positions \_\_\_\_\_

Have you ever worked for another Public Agency in the State of Washington ( ) Yes ( ) No

Are you legally eligible for employment in this country? \_\_\_\_\_

Date available for work \_\_\_\_\_ what is your desired salary range? \_\_\_\_\_

Type of employment desired \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime?

Do you have any nicknames or short first names by which you are referred or by which you refer yourself, other than how you sign your name at the end of this Application? \_\_\_\_\_

Have you ever been dismissed or discharged or have you resigned in order to avoid discipline or discharge by any other employer? If yes, what was the situation? \_\_\_\_\_

Driver's license # \_\_\_\_\_ State \_\_\_\_\_

Is your driving record in good standing? \_\_\_\_\_

**Employment History**

Provide the following information of your past four employers assignments or volunteer activities, starting with the most recent.

From	To	Employer	Telephone #
Starting job Title/Final Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job Responsibilities	
May we contact for reference? Yes _____ No _____			
Reason for leaving		Hourly rate/salary	
Start \$ _____ Date _____		Final \$ _____ Date _____	

From _____ To _____	Employer _____ Telephone # _____
Starting job Title/Final Title _____	Address _____
Immediate Supervisor and Title _____	Summarize the nature of work performed and job Responsibilities
May we contact for reference? Yes _____ No _____	
Reason for leaving _____	Hourly rate/salary _____
Start \$ _____ Date _____	Final \$ _____ Date _____

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Start \$ _____ Date _____	Final \$ _____ Date _____

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May we contact for reference? Yes _____ No _____	
Reason for leaving _____	Hourly rate/salary _____
Start \$ _____ Date _____	Final \$ _____ Date _____



**WATER DISTRICT 19  
DISCLOSURE STATEMENT**

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that if hired, I will be required to submit to random drug testing and will be required to take a pre-employment physical.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Further, I hereby authorize Water District #19 to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency, or government agency or the Washington State Patrol, Washing Department of Transportation or any Federal law enforcement agency to give the District any information they may have regarding me. I further authorize the District to disclose any information they may have regarding me if such information is requested by a different potential future employer of me. In consideration of the District's review of this application, I release the District and all providers of information from any liability as a result of furnishing and receiving any of the above information.

I also understand and agree that I may be conditionally employed while the District performs a background record check or while the District awaits the Board of Directors making a final hiring decision as to whether or not I will be employed by the District. I understand that my employment is conditioned on the completion of both of the above acts and until such time as they completed, my employment shall only be as a casual day-to-day employee and will not in any way bind or require the District to continue my employment.

**Any falsification or any misrepresentation or omission of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and record become the property of King County Water District #19, which reserves the right to accept or reject it. A criminal history on all applicants considered for hire by King County Water District #19 shall be requested through the Washington State Patrol and/or Federal Bureau of Investigations as a pre-employment prerequisite.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. I am capable of performing in a reasonable manner, the activities described in the attached job description.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

## NOTICE & AUTHORIZATION

I, \_\_\_\_\_ hereby consent and authorize **WATER DISTRICT 19** and / or its agent, to prepare a consumer report including but not limited to obtaining a consumer report and information as to my personal characteristics and mode of living. This report may involve personal interviews with sources such as past employers, and educational institutions. Public records may be used in this report, such as civil and criminal records, driving records, liens, judgments, bankruptcy, that are deemed to have a bearing on my job performance.

**\*In using a consumer report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates, a copy of the report and a description in writing of the rights of the consumer under this title as prescribed by the Federal Trade Commission section 609© (3)\*.**

If I am hired, or if I am a current employee of the company, this authorization shall serve as an ongoing authorization for the company to obtain consumer reports, including driver histories, credit reports or other background related reports, at any time during my employment or contract period.

I have received a copy of this Notice and Authorization.

Print Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# WATER DISTRICT 19

## RELEASE FORM

As part of our hiring process, **WATER DISTRICT NO. 19** conducts a background check on each applicant. To do so, we must have the information requested below. Be certain to include all information requested. Your hiring process may be delayed or you may miss a hiring deadline if we are unable to complete the background check in a timely manner. Please Type or Print Clearly

Full Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Other Names Used in the last seven years: \_\_\_\_\_

Current Address: (Street) \_\_\_\_\_ (Apt) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Phone (Area Code) \_\_\_\_\_ (Number) \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Drivers License# \_\_\_\_\_ State: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Please list all Cities/States where you have lived or worked during the last seven years

Years, From \_\_\_\_\_ To: \_\_\_\_\_ City/State: \_\_\_\_\_

Years, From \_\_\_\_\_ To: \_\_\_\_\_ City/State: \_\_\_\_\_

Years, From \_\_\_\_\_ To: \_\_\_\_\_ City/State: \_\_\_\_\_

Years, From \_\_\_\_\_ To: \_\_\_\_\_ City/State: \_\_\_\_\_

Years, From \_\_\_\_\_ To: \_\_\_\_\_ City/State: \_\_\_\_\_

### Authorization for Release of Information

WATER DISTRICT 19 has my permission to conduct a background check which may include a criminal conviction check, a driver history check, a former employment history, educational records and similar background information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_