



APPLICATION FOR EMPLOYMENT

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

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? () Yes () No

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			

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Starting job Title/Final Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job Responsibilities	
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Reason for leaving			

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying _____

EDUCATIONAL BACKGROUND

NAME AND LOCATION	NO. YRS.	DID YOU GRADUATE? COURSE OF STUDY	
HIGH SCHOOL			
COLLEGE		MAJOR	DEGREE
OTHER			

REFERENCES

NAME **TELEPHONE** **NO. OF YRS KNOWN**

**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 Water District #19, which reserves the right to accept or reject it. A criminal history on all applicants considered for hire by 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: _____