



GENERAL MANAGER APPLICATION

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

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

Form with fields for Date, Name (Last, First, Middle), Social Security #, Address (Street, City, State, Zip), Telephone, Mobile, and email.

Have you ever been employed by Water District 19? 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

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

If yes, please provide year, and nature of the offense, in an attachment.

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, describe the situation in an attachment.

Driver's license # State

Is your driving record in good standing?

Employment History & Educational Background

Please attach a cover letter introducing yourself and explaining your interest in the General Manager position, as well as a resume providing information about the last 4 positions you have held, educational background and any relevant volunteer or community service activities.

SKILLS AND QUALIFICATIONS

Summarize any of your training, skills, licenses and/or certificates that may be relevant to the General Manager position:

Multiple horizontal lines for writing skills and qualifications.

REFERENCES

NAME	TELEPHONE AND EMAIL	RELATIONSHIP AND NO. OF YRS KNOWN
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**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 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.

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: _____

Printed Name: _____

WATER DISTRICT 19

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 background, credit history, and criminal record if any. 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 driving 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: _____