



WOODINVILLE WATER DISTRICT APPLICATION FOR EMPLOYMENT

An equal employment opportunity employer

PO Box 1390
Woodinville, WA 98072
Phone: (425) 487-4100
Fax: (425) 485-6381

Application
Received on:

Position Applying
For:

How did you learn
about the opening?

Instructions: (1) Carefully read the job announcement of the position for which you are applying. (2) Provide all information requested. (3) Print, sign, date, and return. An incomplete application may delay action or disqualify you. (4) Please return this application and other required materials before 4:30 p.m. on the closing date as indicated on the position announcement.

Last Name:		First Name:		Middle Initial:	Email:	
Street Address:			City:		State:	Zip:
If you have lived at the above address for less than five years, please attach a listing of all addresses for the past five years.						
Woodinville Water District is an equal opportunity employer and encourages application from all persons regardless of race, creed, color, sex, national origin, marital status, age, physical, mental or sensory disability unless based upon a bona fide occupation qualification (RCW 49.60 and WAC 1162-12-170).					Home Phone:	
					Mobile Phone:	
1. Are you 18 years or older?					Yes	No
2. Are you a U.S. Citizen or are you authorized to work in the U.S.?					Yes	No
3. Can you perform the essential functions of the job, with or without reasonable accommodation?					Yes	No
4. Do you have any activities, commitments, or responsibilities that may prevent you from meeting work attendance requirements? If yes, explain below.					Yes	No
5. Do you have any relatives employed by Woodinville Water District? If yes, explain below.					Yes	No
Comments:						
High School:					Graduated? Yes No	
Location (City & State):					If No, GED?	
College or University:					Graduated? Yes No	
Location (City & State):			Credit Hours:	Major:	Degree:	
College or University:					Graduated? Yes No	
Location (City & State):			Credit Hours:	Major:	Degree:	
Other Training (describe):					Location:	
Training Institution:			Credit Hours:	Certificate Earned:		
Other Training (describe):					Location:	
Training Institution:			Credit Hours:	Certificate Earned:		
Other Training (describe):					Location:	
Training Institution:			Credit Hours:	Certificate Earned:		

If a driver's license or other license, certificate, or registration is required for this position, please complete the following:

Description of License, Certificate, or Registration	License/Certificate	Issuing Agency	Expiration Date	Status
Regular Driver's License:				
Commercial Driver License, indicate type (A, B, C)				
Other (Indicate type):				
Other (Indicate type):				

Provide five professional references (do not include family members or relatives):

Name	Phone	Email	Position	Relationship

List other related job skills (computer, mechanical, other specialized or technical) that you want us to know about:

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Woodinville Water District**Applicant Name:**

Previous Employment Instructions: Complete this section in detail. A resume will not substitute for a completed application form. Beginning with your present or most recent employment, list your work experience history. Limit your history to the last 10 years unless you feel that work experience is related to this position. Include any periods of self-employment, unemployment, U.S. military service, and any job-related volunteer experience. If additional space is necessary, attach a separate sheet.

Job Title:		Employer's Name and Address			
Supervisor's Name:					
Supervisor's Phone:	Employer's Phone:	May we contact them?	Yes	No	No. of employees supervised by you:
Dates employed in month and year (from – to):		Hours per week:			
Duties:					
Reason for leaving:					
Job Title:		Employer's Name and Address			
Supervisor's Name:					
Supervisor's Phone:	Employer's Phone:	May we contact them?	Yes	No	No. of employees supervised by you:
Dates employed in month and year (from – to):		Hours per week:			
Duties:					
Reason for leaving:					
Job Title:		Employer's Name and Address			
Supervisor's Name:					
Supervisor's Phone:	Employer's Phone:	May we contact them?	Yes	No	No. of employees supervised by you:
Dates employed in month and year (from – to):		Hours per week:			
Duties:					
Reason for leaving:					
Job Title:		Employer's Name and Address			
Supervisor's Name:					
Supervisor's Phone:	Employer's Phone:	May we contact them?	Yes	No	No. of employees supervised by you:
Dates employed in month and year (from – to):		Hours per week:			
Duties:					
Reason for leaving:					

To assure the District hires the best person possible, the District considers the information furnished on this application to be only one-step in the hiring process. For this reason, it is the District's policy to supplement and verify your information.

I authorize the District to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, and academic institutions, and the District from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the District.

I also authorize the District to make any investigations and inquiries of my driving history that may be necessary to arrive at a decision regarding my possible employment by the District. This includes obtaining an Abstract Driving Record.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials, and employment references. I further understand that any false or misleading statement will be sufficient cause for rejection of my application if the District has not employed me and for immediate dismissal if the District has employed me. I also authorize the District to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal or proper interest, and I hereby release the District from any and all liability for its providing this information.

I hereby acknowledge that I have read and understand the preceding statement.

Signature of Applicant: _____ Date Signed: _____

In accordance with the Immigration and Nationality Act (INA), Section 274A, all new employees must show employment authorization and identity. This will be done by proof of a Driver's License, a Social Security Card, a U.S. Birth Certificate, or other documentation designated by the Attorney General, or documents which will establish both an individual's employment authorization and identity are (1) a U.S. Passport, (2) a Certificate of U.S. Citizenship or Naturalization, (3) U.S. Citizen Identification Card (INS issued), (4) an Un-Expired Foreign Passport properly endorsed to show work authorization, (5) a Resident Alien Registration Receipt Card or, (6) an Un-Expired INS Work Permit. These verification requirements apply to any person or employer hiring or recruiting any individual for work. This must be done within 24 hours after being hired.

