



EMPLOYMENT APPLICATION

Position applying for:

Lake Whatcom Water & Sewer District
 1010 Lakeview Street
 Bellingham, Washington 98229

Voice: (360) 734-9224
 Fax: (360) 738-8250

Please complete this application by typing or clearly printing. Fully and accurately complete all application questions, even if submitting your resume. Use additional sheets provided if more space is required.

| | | |
|------------------|-----------|---------------|
| Name (Last) | (First) | (M.I.) |
| Address (Street) | (City) | (State) (Zip) |
| Telephone (Day) | (Evening) | Email address |

Do you have the legal right to work in the U.S.? Yes No
Note: All employment offers are contingent upon proof of eligibility to work in the U.S.

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

Have you been convicted of a felony or released from prison within the last ten (10) years? Yes No
Note: Please explain fully any convictions on a separate sheet of paper. Each case is considered individually. A conviction will not necessarily preclude you from employment; however failure to disclose convictions can disqualify you from employment.

Are you available to work: Full-time Part-time Temporary
 Please list the hours and days of the week you are available?

If applying for a driving position, please submit D.O.L. driving abstract with application.

| Education | | | |
|------------------------------------|-------------------|---|--------------------|
| Type of School | School & Location | Circle Yrs Completed | Degree/Certificate |
| High School | | 9 th 10 th 11 th 12 th GED | |
| College or University Studies | | 1 2 3 4 | |
| Graduate School | | 1 2 3 4 | |
| Business or Tech. School | | 1 2 3 4 | |
| Other Relevant Training or courses | | | |

License/Registration/Certificate

| Description | State | Number | Expiration |
|-------------|-------|--------|------------|
| | | | |
| | | | |

Work History

List experience which relates to this position. **Begin with your most recent experience.** List all jobs separately and identify gaps in employment. **A résumé will not substitute for the information required in this section.** Résumés may be attached, but do not write “See Résumé” in lieu of completing the application.

| | | |
|---|-----------------|----------------------------------|
| FROM: / / | TITLE: | CURRENT OR MOST RECENT EMPLOYER: |
| TO: / / | PRIMARY DUTIES: | |
| HOURS / WEEK: | | ADDRESS: |
| SUPERVISOR: | | |
| ENDING SALARY: | | |
| REASON FOR LEAVING: | | |
| MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | |
|---|-----------------|-----------|
| FROM: / / | TITLE: | EMPLOYER: |
| TO: / / | PRIMARY DUTIES: | |
| HOURS / WEEK: | | ADDRESS: |
| SUPERVISOR: | | |
| ENDING SALARY: | | |
| REASON FOR LEAVING: | | |
| MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | |
|---|-----------------|-----------|
| FROM: / / | TITLE: | EMPLOYER: |
| TO: / / | PRIMARY DUTIES: | |
| HOURS / WEEK: | | ADDRESS: |
| SUPERVISOR: | | |
| ENDING SALARY: | | |
| REASON FOR LEAVING: | | |
| MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | |
|---|-----------------|----------------------------------|
| FROM: / / | TITLE: | CURRENT OR MOST RECENT EMPLOYER: |
| TO: / / | PRIMARY DUTIES: | |
| HOURS / WEEK: | | ADDRESS: |
| SUPERVISOR: | | |
| ENDING SALARY: | | |
| REASON FOR LEAVING: | | PHONE: |
| MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

ADDITIONAL INFORMATION

- 1) Have you ever been discharged, fired, or asked to resign from a position? _____.
 (If yes please explain on an additional sheet of paper)
- 2) Have you been convicted of any moving violation in the past five years? _____.
 (If yes please explain on an additional sheet of paper)

ADDITIONAL EXPERIENCE (volunteer, internship, etc.): _____

Notice to Applicants
 Drug and Alcohol testing is a prerequisite for, and a condition of employment. Our Company conducts pre-employment, post accident, and reasonable suspicion drug and alcohol testing.

I hereby certify that all statements made in this application and accompanying materials are true and I agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment. I hereby authorize this company to solicit and receive information from my past employers and other references. I authorize both my present and all former employers to release information contained in my personnel files and other related information regarding my employment. I willingly, knowingly, and voluntarily agree to hold harmless and agree to waive any and all legal claims against this company for such inquiries and any individual who providing employment information. Finally, I acknowledge that my employment is at-will, which means that either the employee or the company is free to terminate the employment relationship at any time, with or without reason, advance notice, or warning.

SIGNATURE: _____ **DATE:** _____
 (SIGNATURE REQUIRED FOR APPLICATION TO BE COMPLETE)

Applications may be submitted by E-Mail to wd10@comcast.net. A completed, signed hard copy must follow within (3) Three days.