



## Employment Application

Skyway Water and Sewer District is an equal opportunity employer and encourages applications 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 occupational qualification. (State Law RCW 49.60 and WAC 162-12-170)

**Please print. Answer all questions accurately and completely and attach supplemental data sheets as needed. Resume may be attached.**

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

# of years at current address? \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_

Please list addresses for last 10 years:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Languages Spoken Fluently (if relevant to the position for which you are applying):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Are you 18 or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you authorized to work in the U.S? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any relatives working for Skyway Water and Sewer District? If yes, please explain:

\_\_\_\_\_

Can you perform the essential functions of the job, with or without reasonable accommodation?

Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Level	Name and Address of School	Course of Study	Years Attended	Circle last Year Completed	Did you Graduate ?	List Diploma or Degree
High School						
Technical or Business				1 2 3 4		
College				1 2 3 4		
Graduate				1 2 3 4		

Have you passed the General Education Development (GED) in place of high school graduation? Yes \_\_\_\_ No \_\_\_\_

List job related special skills that you have acquired and the degree to which you are qualified:

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Do you have any activities, commitments, or responsibilities that may prevent you from meeting work attendance requirements? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

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Have you ever been convicted of a violation of any law or ordinance (other than a traffic infraction), or have you served time in a correctional institution within the past seven (7) years, for any crime which might have some bearing on your qualifications and fitness to accept the duties and responsibilities of the position for which you are applying? Yes \_\_\_\_ No \_\_\_\_  
 If yes, please explain: \_\_\_\_\_

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(A conviction will not necessarily bar you from employment.)

**REFERENCES:** (Please do not list relatives)

	Name	Address	Office/Home Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**EMPLOYMENT HISTORY:** (Beginning with present or latest employer, including military service, unemployment, and self employment.)

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

IMMEDIATE SUPERVISOR \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ SALARY \_\_\_\_\_

SPECIFIC DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

IMMEDIATE SUPERVISOR \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ SALARY \_\_\_\_\_

SPECIFIC DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

IMMEDIATE SUPERVISOR \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ SALARY \_\_\_\_\_

SPECIFIC DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

***(Attach additional sheets if necessary.)***

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION:

In order to assure ourselves and other employees that we are hiring the best person possible, Skyway Water and Sewer District considers the information furnished on this application to be only one step in our hiring process. For this reason, we have a policy of supplementing and completing the information you provide us by checking it against references you list.

**BACKGROUND INVESTIGATION AUTHORIZATION:**

I authorize Skyway Water and Sewer District to investigate all statements in this application and to secure any necessary information from all my employers, references, academic institutions and relevant agencies. I hereby release all of those employers, references, academic institutions, relevant agencies 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 Skyway Water and Sewer 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 statements 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.

Please note that some positions with the District are AT WILL.

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

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Signature of Applicant

Date

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 STATE DRIVER'S LICENSE, A SOCIAL SECURITY CARD, A U.S. BIRTH CERTIFICATION, 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 UNEXPIRED FOREIGN PASSPORT PROPERLY ENDORSED TO SHOW WORK AUTHORIZATION, (5) A RESIDENT ALIEN REGISTRATION RECEIPT CARD OR, (6) AN UNEXPIRED 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.