

King County Water District No. 90 Application for Employment

King County Water District No. 90 is an equal opportunity employer.

Date: _____ Position Applying For: _____

I. Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different than above)

Home Phone Number Cell Phone Number

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

If there any information we would need about your name or use of another name for us to be able to check your work record?

Please specify: _____

Do you have any relatives who are presently (or formerly been) employed by KCWD 90? _____

How were you referred to KCWD 90? _____

Have you ever been convicted of a felony? Yes No

If yes please explain: _____

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II. Educational History

	School Name/ Location	Years Completed	Degree/ Diploma
High School	_____	_____	_____
College	_____	_____	_____
Tech. Training	_____	_____	_____
Certifications	_____	_____	_____
Foreign Languages	_____	_____	_____

III. Computer Experience:

IV. Employment Record

Please include all employment for last five years.

1

Company Name _____	Position Held _____
Address _____	Dates Employed: From _____ To _____
Manager/ Supervisor _____ Telephone _____	Starting Wage _____ Ending Wage _____
Main Responsibility _____	
Reason for Leaving _____	

2

Company Name _____	Position Held _____
Address _____	Dates Employed: From _____ To _____
Manager/ Supervisor _____ Telephone _____	Starting Wage _____ Ending Wage _____
Main Responsibility _____	
Reason for Leaving _____	

3

Company Name _____	Position Held _____
Address _____	Dates Employed: From _____ To _____
Manager/ Supervisor _____ Telephone _____	Starting Wage _____ Ending Wage _____
Main Responsibility _____	
Reason for Leaving _____	

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V. Personal References *Please do not include relatives*

1	Name	Years Known
	Relationship	Telephone Number
2	Name	Years Known
	Relationship	Telephone Number
3	Name	Years Known
	Relationship	Telephone Number
4	Name	Years Known
	Relationship	Telephone Number

VI. Work Availability

1 When would you be available to begin work?		
2 Do you have any objection to working overtime?	Yes	No
3 Can you work overtime without prior notice?	Yes	No
4 Can you work Saturday?	Yes	No
5 Can you work Sunday?	Yes	No

VII. Salary/ Hourly Rate Requirements

If your application receives favorable consideration, what hourly rate would you desire? _____ Per hour

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VIII. Authorization

I certify that the facts contained in this application (and resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, intentional omission, or misrepresentation of this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the District.

I understand that any employment is conditional on a background check. I authorize the District to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the District, without giving me prior notice of such disclosure. In addition, I release the District, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

If I am offered employment, I agree to submit to a medical examination and drug test if required by the District before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the District and as permitted by law. I consent to such examinations and tests, and I request that the examination doctor disclose to the District the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired, a condition of employment will be that I abide by the District's Drug and Alcohol Policy.

If hired, I agree to abide by all District work rules, policies and procedures. The District retains the rights to revise its policies and procedures, in whole or in part, at any time.

Application's Signature

Date Signed