



Lake Whatcom Water and Sewer District
 1220 Lakeway Drive
 Bellingham, WA 98229

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

EMPLOYMENT APPLICATION

An incomplete application may delay action or disqualify you. Please type or use ballpoint pen in completing this application.	Position Applied For:
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PERSONAL

Name: Last	First	M.I.
Street Address:	Home Phone:	
City: State: <i>Have you resided at the above address at least 3 years? If no, give prior address below.</i>	Daytime Phone:	
Prior Address:	Driver's License Number/State Expiration Date:	If under 18 years of age, can you furnish a work permit? () YES () NO
Have you ever applied for employment with the LWWS D? () YES () NO If yes: Month and year _____ Department _____		
Are you available for full-time employment? () YES () NO If not, when can you work?		
You may need to work overtime. Will such a requirement create a problem for you? () YES () NO		
Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation? () YES () NO		
Are you legally eligible for employment in the United States? () YES () NO If no, why?		
Do you know anyone working for LWWS D? If yes, who?		
Do you claim Veteran's Preference? Yes ___ No ___ (Attach DD form 214/or discharge papers.)		

EDUCATION

TYPE OF SCHOOL	SCHOOL AND LOCATION	MAJOR COURSES	CREDIT HOURS EARNED	YEARS ATTENDED	DEGREE RECEIVED
High School or GED					
Business or Technical					
Undergraduate Studies					
Graduate Studies					
Other Courses or Training					

Describe your abilities, knowledge and skills that qualify you for this position:

List your licenses or certificates (professional or trade licenses or certificates required for this position)

Have you been convicted of a criminal offense or released from jail within the past 7 years? (An affirmative answer will not automatically disqualify you from being considered for employment.)

YES NO If yes, list below:

Name of Court	City and State	Date of Conviction

WORK HISTORY

Beginning with your present or most recent employment, list your work experience history for the last 10 years. Attach additional sheets as necessary. COMPLETE THE FOLLOWING SECTIONS EVEN IF YOU ARE SUBMITTING A RESUME IN ADDITION TO THIS APPLICATION. AN INCOMPLETE APPLICATION MAY DELAY ACTION OR DISQUALIFY YOU.

In evaluating your application, we may contact the employers listed below, unless you indicate those you do not want us to contact and state a reason.

Employer's Name:	From To
Address:	Supervisor:
Phone: Hours worked per week:	Starting Salary:
Position Title:	Ending Salary:
Primary Duties:	Number of employees supervised by you:
Reason for leaving (if still employed, indicate reason for wanting to leave):	May we contact your employer? If no, please state reason.

Employer's Name:	From	To
Address:	Supervisor:	
Phone:	Hours worked per week:	Starting Salary:
Position Title	Ending Salary:	
Primary Duties:	Number of employees supervised by you:	
Reason for leaving:	May we contact your employer? If no, please state reason.	

Employer's Name:	From	To
Address:	Supervisor:	
Phone:	Hours worked per week:	Starting Salary:
Position Title:	Ending Salary:	
Primary Duties:	Number of employees supervised by you:	
Reason for leaving:	May we contact your employer? If no, please state reason.	

Employer's Name:	From	To
Address:	Supervisor:	
Phone:	Hours worked per week:	Starting Salary:
Position Title:	Ending Salary:	
Primary Duties:	Number of employees supervised by you:	
Reason for leaving:	May we contact your employer? If no, please state reason.	

Employer's Name:	From	To
Address:	Supervisor:	
Phone:	Hours worked per week:	Starting Salary:
Position Title:	Ending Salary:	
Primary Duties:	Number of employees supervised by you:	
Reason for leaving:	May we contact your employer? If no, please state reason.	

Were you known by a different name by any of the above employers or educational institutions? () YES () NO If yes, please identify the employer or educational institution and state the name by which you were known:

DRIVERS RECORD REQUIREMENT

For positions requiring a valid Washington State Driver's License, a five-year Employment Driving Record Abstract from the State Department of Licensing is required and must be attached to the completed employment application. Applications without the abstract will not be considered. A driving record abstract can be obtained at any State DOL office upon request. A nominal fee, plus your driver's license for identification, is required by the State DOL office.

ACCOMMODATION

If you need accommodation in order to complete or participate in the application or interview process, please notify the District by calling 360-734-9224.

EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of the District to provide equal opportunity for employment to all individuals regardless of race, color, religion, sex, national origin, age, veteran status, marital status, political affiliation, sexual orientation, the presence of sensory, mental or physical disability, or other basis prohibited by federal, state or local law. This policy applies to all areas of employment, including, but not limited to, recruitment, selection, placement, retention and separation. (State Law RCW 49.60 and WAC 162-12-170)

SIGNATURE AND ACKNOWLEDGEMENT

I, the below-signed, make this application as an inducement to this Employer to evaluate my application and to employ me. I have read this completed application, including the Equal Employment Opportunity statement, and I certify that entries made by me are without omission and are a full, truthful account of my present and past activities. I authorize and give the right to the District to make a thorough, vigorous investigation of all entries made on this form by me and other materials I have provided. Any false or misleading statement or entry on this form and other material I have provided will result in my immediate termination, if I am employed. I agree to prompt payroll deduction of overpayments made to me or amounts owed to the District.

This is a legal document, read it carefully before signing.

Signature

Printed Name

Date

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby grant permission for the Lake Whatcom Water and Sewer District, to contact any and all of my prior employers to inquire about any and all aspects of my current and prior employment. I understand and agree that the Lake Whatcom Water and Sewer District may ask for and receive information regarding my performance, duties, compensation and any other matter in any way related to my current and prior employment. I hereby waive any right I may have, now or in the future, to bring a claim against the Lake Whatcom Water and Sewer District, its past or present agents, employees, officials, representatives or attorneys, in their individual or official capacities, for any information about which it may inquire or receive from any of my prior employers. I also hereby waive any right I may have, now or in the future, to bring a claim against any of my current and prior employers, as well as their past or present agents, employees, officials, representatives or attorneys, in their individual or official capacities, for any information they may provide to the Lake Whatcom Water and Sewer District. I acknowledge that this permission and waiver are freely and voluntarily given to Lake Whatcom Water and Sewer District.

Signature

Printed Name

Date

Only hard copy applications are accepted (no email). Applications must be submitted at the front counter or mailed to:

Attn: Patrick Sorensen, General Manager
Lake Whatcom Water and Sewer District
1220 Lakeway Drive
Bellingham, WA 98229

In accordance with the Immigration Reform and Control Act, Section 274A, all new employees must show employment authorization to work in the United States and verify identity. New employees will be advised of acceptable documents to verify identity and work authorization. Applicants are advised that this documentation must be submitted within 24 hours of the date of hire. This is a condition of employment with the Lake Whatcom Water and Sewer District.