



# Lake Whatcom Water & Sewer District

1220 Lakeway Dr  
Bellingham, WA 98229

www.lwwsd.org  
Office Hours:  
Mon-Thu 8 a.m. - 5 p.m.

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: \_\_\_\_\_ Date: \_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_  
Street City State Zip

Have you resided at the above address for at least 3 years? If no, give prior address below.

Prior Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

If under 18 years of age, can you furnish a work permit?  Yes  No

Have you ever applied for employment with the LWWSO?  Yes  No

If yes: Month and year: \_\_\_\_\_ Department/Position: \_\_\_\_\_

Are you available for full-time employment?  Yes  No

If no: When are you available to work? \_\_\_\_\_

Some positions at LWWSO require 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 accomodation?  Yes  No

Do you know anyone working for LWWSO?  Yes  No

If yes: Employee Name: \_\_\_\_\_

Do you claim Veteran's Preference?  Yes  No Attach DD form 214 or discharge papers.

### Education

High School or GED  Business or Technical School  Undergraduate Studies

Graduate Studies  Other Courses or Training

School Name & Location: \_\_\_\_\_

Major Courses: \_\_\_\_\_

Credit Hours Earned: \_\_\_\_\_ Degree Received: \_\_\_\_\_

**Education (Continued)**

- High School or GED       Business or Technical School       Undergraduate Studies  
 Graduate Studies       Other Courses or Training

School Name & Location: \_\_\_\_\_

Major Courses: \_\_\_\_\_

Credit Hours Earned: \_\_\_\_\_ Degree Received: \_\_\_\_\_

- High School or GED       Business or Technical School       Undergraduate Studies  
 Graduate Studies       Other Courses or Training

School Name & Location: \_\_\_\_\_

Major Courses: \_\_\_\_\_

Credit Hours Earned: \_\_\_\_\_ Degree Received: \_\_\_\_\_

- High School or GED       Business or Technical School       Undergraduate Studies  
 Graduate Studies       Other Courses or Training

School Name & Location: \_\_\_\_\_

Major Courses: \_\_\_\_\_

Credit Hours Earned: \_\_\_\_\_ Degree Received: \_\_\_\_\_

**Skills and Abilities**

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

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List any professional or trade licenses, certificates, or certifications.

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## 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: _____	Dates Employed _____ From _____ To _____
Address: _____	Phone: _____
Position Title: _____	Supervisor: _____
Hours Worked Per Week: _____	Number of Employees supervised: _____
Primary Duties: _____	
Reason for Leaving: _____	
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer's Name: _____	Dates Employed _____ From _____ To _____
Address: _____	Phone: _____
Position Title: _____	Supervisor: _____
Hours Worked Per Week: _____	Number of Employees supervised: _____
Primary Duties: _____	
Reason for Leaving: _____	
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer's Name: _____	Dates Employed _____ From _____ To _____
Address: _____	Phone: _____
Position Title: _____	Supervisor: _____
Hours Worked Per Week: _____	Number of Employees supervised: _____
Primary Duties: _____	
Reason for Leaving: _____	
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Work History (Continued)

Employer's Name: \_\_\_\_\_ Dates Employed \_\_\_\_\_  
From To

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hours Worked Per Week: \_\_\_\_\_ Number of Employees supervised: \_\_\_\_\_

Primary Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your employer?  Yes  No

Employer's Name: \_\_\_\_\_ Dates Employed \_\_\_\_\_  
From To

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hours Worked Per Week: \_\_\_\_\_ Number of Employees supervised: \_\_\_\_\_

Primary Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your employer?  Yes  No

Were you known by a different name by any of the above employers or educational institutions?

No  Yes Name(s) 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 or online at [www.dol.wa.gov/licenseexpress.html](http://www.dol.wa.gov/licenseexpress.html). 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 in full 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

## Submission Information

**Hard copy applications (NO email applications accepted) must be submitted at the front counter or mailed to:**

Lake Whatcom Water and Sewer District  
Attn: Justin Clary, PE, General Manager  
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.*