



OLYMPIC VIEW WATER & SEWER DISTRICT

8128 228th St SW
Edmonds, WA 98026

Pre-Employment Application

The **OLYMPIC VIEW WATER & SEWER DISTRICT** is an equal opportunity employer and encourages this application 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.

What position are you applying for?: _____

1. Name: _____
(Last) (First) (Middle)

2. Address: _____
(Street) (City) (State) (Zip)

3. Social Security Number: _____ - _____

4. Home/Message Phone: (_____) _____

5. Business Phone: (_____) _____

6. Driver's License Number: _____

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

8. Education – Total years of schooling:
Circle last year completed: 8 9 10 11 12 13 14 15

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

10. Colleges or Special Schooling

| Name of Institution | From | To | Course of Study | Degree |
|---------------------|------|----|-----------------|--------|
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11. List job-related special skills that you have acquired and the degree in which you are qualified:

12. Do you have any activities, commitments or responsibilities that may prevent you from meeting work attendance requirements? Yes No

If Yes, please explain: _____

13. Have you been convicted, 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 qualification and fitness to accept the duties or responsibilities of the position for which you are applying? Yes No

If Yes, please explain: _____

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

14. References: (Please do not list relatives)

| Name | Address | Office/Home Phone |
|------|---------|-------------------|
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15. Employment History: (Begin with present or latest employer, including military service, unemployment and self-employment.)

| Company Name | | Address | | Phone |
|---------------------|----|----------------------|---------|----------|
| | | | | |
| Job Title | | Immediate Supervisor | | |
| | | | | |
| Dates of Employment | | Salary | | |
| From | To | Hourly | Monthly | Annually |
| | | | | |
| Specific Duties: | | | | |
| | | | | |
| | | | | |
| Reason for Leaving: | | | | |
| | | | | |

| | | | | |
|---------------------|----|----------------------|---------|----------|
| Company Name | | Address | | Phone |
| | | | | |
| Job Title | | Immediate Supervisor | | |
| | | | | |
| Dates of Employment | | Salary | | |
| From | To | Hourly | Monthly | Annually |
| Specific Duties: | | | | |
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| Reason for Leaving: | | | | |
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|---------------------|----|----------------------|---------|----------|
| Company Name | | Address | | Phone |
| | | | | |
| Job Title | | Immediate Supervisor | | |
| | | | | |
| Dates of Employment | | Salary | | |
| From | To | Hourly | Monthly | Annually |
| Specific Duties: | | | | |
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| Reason for Leaving: | | | | |
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|---------------------|----|----------------------|---------|----------|
| Company Name | | Address | | Phone |
| | | | | |
| Job Title | | Immediate Supervisor | | |
| | | | | |
| Dates of Employment | | Salary | | |
| From | To | Hourly | Monthly | Annually |
| Specific Duties: | | | | |
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| | | | | |
| Reason for Leaving: | | | | |
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16. Do you have any relatives working in the Olympic View Water & Sewer District?
Yes No

If Yes, please explain: _____

17. Can you perform the essential functions of the job, with or without reasonable accommodation? Yes No

18. PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION:

In order to assure ourselves and other employees that we are hiring the best person possible, we consider 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 that you list.

I authorize the District to investigate all statements in this application and to secure my necessary information from all my employers, references and academic institutions. I hereby release all of those employers, references and academic institutions, 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 the 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 statement 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.

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

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 DRIVER'S LICENSE, A SOCIAL SECURITY CARD, A U.S. BIRTH CERTIFICATE OR OTHER DOCUMENTATION DESIGNATED BY THE ATTORNEY GENERAL, OR DOCUMENTS WHICH WILL ESTABLISH BOTH AN INDIVIDUAL'S EMPLOYMENT AUTHORIZATION AND IDENTITY SUCH AS 1) A U.S. PASSPORT, 2) A CERTIFICATE OF U.S. CITIZENSHIP OR NATURALIZATION, 3) U.S. CITIZEN IDENTIFICATION CARD (INS ISSUED), 4) AN UN-EXPIRED FOREIGN PASSPORT PROPERLY ENDORSED TO SHOW WORK AUTHORIZATION, 5) A RESIDENT ALIEN REGISTRATION RECEIPT CARD OR, 6) AN UN-EXPIRED 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.