



Olympic View Water & Sewer District  
 8128 228<sup>th</sup> St SW  
 Edmonds, WA 98026  
 P: 425.774.7769  
 F: 425.670.1856  
 olympicviewwater.com

## EMPLOYMENT APPLICATION

**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? \_\_\_\_\_

Name: \_\_\_\_\_

First

M

Last

Current Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Is this a Commercial Driver's License Yes  No

• Are you legally authorized to work in the United States? Yes  No

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

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

If yes, please explain: \_\_\_\_\_

• Do you have any relatives employed by Olympic View Water & Sewer District? Yes  No

If yes, please explain: \_\_\_\_\_

***Proof of eligibility documentation must be provided at time of hire as required by law.***



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**EDUCATION**

	High School	Technical College	College	Graduate School
School Name and Location				
Years Completed (Select)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did you Graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diploma/Degree/Certificate				

Have you passed the General Education Development (GED) in place of High School graduation? Yes  No

**SPECIAL SKILLS/ADDITIONAL TRAINING/CERTIFICATION**

Please describe any applicable special job-related skills acquired from employment, other education or volunteer experiences, etc.

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Professional Certifications:

Description of License or Certifications	Expiration Date



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**EMPLOYMENT HISTORY** (Begin with most current employer, including military service, unemployment and self-employment.)

Name of Employer:		Job Title:
Address:		Supervisor's name:
Date Employed:		Telephone Number:
From:	To:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:		
Reason for Leaving:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Name of Employer:		Job Title:
Address:		Supervisor's name:
Date Employed:		Telephone Number:
From:	To:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:		
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Name of Employer:		Job Title:
Address:		Supervisor's name:
Date Employed:		Telephone Number:
From:	To:	

BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:

Reason for Leaving:

May we contact this employer? Yes  No

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

Name & Affiliation	Telephone Number	Email Address



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PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION:

- I certify the information given by me is true in all respects.
- 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.
- The District is a drug-free workplace. I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials, employment references and drug screening. 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.

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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 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.