## **Application for Employment**



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

			Genera	al Information			
Position(s) a	pplied for:	-			Date		
Referral Source:		☐ Advertisement	☐ Employee	☐ Relative	☐ Government Employ	yment Agen	су
		☐ Walk-in	☐ Private Emplo	ovment Agency	☐ Other		
	_		Applica	ant Information			_
Full Name:							
i dii ivaiiic.	Last			First		M.I.	
Address:							
	Street Addres	S			Aparti	ment/Unit #	
	City				State ZIP C	ode	
Home Phone	e:			Email			
			Social Security				
If necessary	, best time to	reach you at home					
Type of Emp	tact you at wo	ired: ☐ Full 1 YES	NO	_	YES NO	ducational (	
Are you able		attendance requiren	-		Are you willing to work over	ertime?	YES NO
Have you ev	ver been bond	ded?				YES	NO
If you are under 18 and it is required, can you furnish a work permit					YES	NO	
Have you ap	plied here be	efore?	YES NO	If yes, when?			
Have you ev	er worked for	this company?	. YES NO	If yes, when?			
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.?					YES	NO	
Have you ever been convicted of a crime in the past seven years?  If yes, explain:  (Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to					YES	NO	
		arily be a bar to empl driving is an essent		ance and explanatio		to position ate:	applied for.)

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Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

		Previous Employment			
Company:			Phone:		
			Supervisor:		
Job Title:		Starting Salary:	Ending Salary:		
Responsibilities:					
		Reason for Leaving:			
May we contact your p	previous supervisor for a	YES NO reference?			
Company:			Phone:		
			Supervisor:		
Job Title:		Starting Salary: <u>\$</u>	Ending Salary:		
Responsibilities:					
		Reason for Leaving:			
May we contact your p	previous supervisor for a	YES NO reference?			
Company:			Phone:		
		Supervisor:			
Job Title:		Starting Salary:	Ending Salary:		
Responsibilities:					
From:	To:	Reason for Leaving: YES NO			
May we contact your p	previous supervisor for a				
Company:			Phone:		
Address:			Supervisor:		
Job Title:		Starting Salary:	Ending Salary:		
Responsibilities:					
From:	To:	Reason for Le	eaving:		
May we contact your p	previous supervisor for a		NO .		
Comments:					

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		Military S	Service	•			
Branch:					From:		
Rank at Discharge:	ank at Discharge:			Type of Discharge:			
If other than honorab	le, explain:						
		Educa	tion				
High School:		Address	::				
From:	To:	Did you graduate?	YES	NO	Diploma		
College:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:		
Other:		Address:	YES	NO			
From:	To:	Did you graduate?	120	110	Degree:		
		Refere	nces				
		oer of three business/work refe e school or personal reference				ou and not previous	
Full Name:					Relationship:		
Company:					Phone:		
Address:							
Full Name:					Relationship:		
Company:					Phone:		
Address:							
Full Name:					Relationship:		
Company:					Phone:		
Address:							

## **STOP**

Please print this 4 page form now. The final page needs to be handwritten & signed.

Once completed, you may scan the signed form.

Submit via mail to:

North City Water District 1519 NE 177<sup>th</sup> Street

**Shoreline, WA 98155** 

THANK YOU.

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Additional Information	
This is your opportunity to share any professional, trade, business, or civic association and any offices held. Please list special accomplishment, publications and awards received. In addition, summarize any special training, skills, licenses and/or certificathat may qualify you as being able to perform job-related functions in the position which you are applying. (Exclude membership which would reveal sex, race, religion, national origin, age color, disability or any other similarly protected status.)  Professional, Trade, Business or Civic Associations and Offices held:	tes
Tolessional, Trade, Business of Offic Associations and Offices field.	
Special accomplishments, publications and awards received:	
Special training, skills, licenses and/or certificates related to job-related functions in the position you are applying for:	
	_
Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
I give the employer the right to contact and obtain information from all references, employers, educational institutions and otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer its representatives for seeking, gathering and using such information and all other persons, corporations or organizations furnishing such information.	and
The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law	
This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.	
If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized office has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.	,
I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.	;
I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.	
Signature: Date:	