



EMPLOYMENT APPLICATION

Please ask if you need assistance completing this application

PERSONAL INFORMATION

LAST NAME			
FIRST NAME			
MIDDLE INITIAL			
MAILING ADDRESS			
CITY / STATE / ZIP			
Social Security Number			
Home Phone			
Work Phone			
E-mail:			
Are you 18 years or older?	Yes	No	
Date available for Work?			
Who do you know @ HWD?			
Type of Work Preferred (circ. one)	PT	FT	Temp
What other name(s) are you known by?			

EDUCATION

	NAME & LOCATION OF SCHOOL	NO. OF YEARS
High School		
College		
Trade, Business or Graduate School		

GRADUATE

Yes	No	DEGREES RECEIVED

SKILLS

	Ck. One	OTHER SKILLS	Ck. One
Accounting		CDL License	
Typing (wpm)		WDM Training	
Ten Key		Backhoe	
Dictation Equip.		Meter Reading	
Other Language		Locating Exp.	
Personal Computer		X-Connection	
Indicate any other skills related to the position you are seeking not mentioned above:			

You are applying for what position?

OTHER INFORMATION:

1. Are you legally entitled to work in the U.S. because proof will be required if hired. Yes No
2. Have you been convicted of a felony or released from prison within the past ten years for any offense that may reasonably relate to the job duties of the position for which you are applying? (A conviction may not necessarily disqualify you from employment) Yes No
3. If yes, indicated date and nature of the offense. _____
4. What are your monthly starting salary expectations? _____
5. Have you ever been employed by this company, or applied for a position? Yes No
6. How did you learn about this opening? _____
7. Do you smoke? Yes No

EMPLOYMENT RECORD

Begin with most recent employer (include military service). May we contact your current employer? Yes No

Employer	_____	Type of Business	_____	Area Code/Telephone	() _____
Address	_____	City	_____	State/Zip Code	_____
Position Held	_____	Supervisor	_____	Area Code/Telephone	() _____
Dates Employed	From: _____	To: _____	Reason for leaving	_____	Wage _____
Duties	_____				

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Dates Employed	From: _____	To: _____	Reason for leaving	_____	Wage _____
Duties	_____				

APPLICANT'S STATEMENT

I certify that answers given are true and complete to the best of my knowledge. I authorize Highline Water District to investigate all statements contained in this application and to request information about me from previous employers and/or educational institutions. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties and persons connected with any requests for information from all claims, liabilities and damages for whatever reason arising out of furnishing any information that may be sought in arriving at an employment decision. I understand that Highline Water District cannot make any guarantees that my application will be considered for any or all open positions they may have, or that my application will be considered for any specific length of time. If I am offered a position, I understand that false or misleading information given in this application or interview(s) may result in dismissal. I also understand that I am required to abide by all current and subsequently issued rules and regulations of the District, and that employment is for no definite period and may be terminated at any time, with or without notice, by either party.

Signature of Applicant _____ Date _____