

Highline Water District

HR Department Only

Date Received:

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PERSONAL INFORMAT	TION						
Last Name: First Name:		Middle Initial:					
			ity/State/Zip:				
Home Phone: () Work Phone: ()							
Email Address: Are you 18 years or older? \square Yes \square No							
Type of Work Preferred:							
Who do you know @ HWD?							
Other Names Used:							
EDUCATION							
TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	GRADUATE? (Circle One)		DEGREE RECEIVED	NUMBER OF YEARS		
High School or GED		Yes	No				
College		Yes	No				
Trade, Business or Graduate School		Yes	No				
SKILLS (please indicate skills you possess):							
☐ Personal Computer ☐ Typing/Keyboard ☐ Ten-Key ☐ MS-EXCEL ☐ MS-WORD ☐ MS-ACCESS							
Other Computer Programs:							
□ WDM Training □ Backhoe □ Meter Reading □ Locating □ CDL License □ Cross-Connection							
Indicate any other skills related to the position you are seeking not mentioned:							
Position(s) applying for?							
OTHER INFORMATION							
1. Are you legally entitled to work in the U.S? Proof will be required if hired.							
2. Have you been convicted of a felony or released from prison within the past ten years?							
3. If yes to (2) above, indicate date and nature of the offense. A conviction may not necessarily disqualify you from employment.							
4. What are your monthly starting salary expectations?							
5. Have you ever been employed by this company, or applied for a position?							
6. How did you learn about this opening?							

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EMPLOYMENT RECORD Begin with most recent employer (include military service) and account for any gaps in employment - use additional sheets as necessary. ☐ Yes □ No May we contact your current employer? **Employer Position Held** Type of Business Wage **Street Address** Supervisor City/State/Zip **Supervisor Phone Dates Employed** Phone Reason for Leaving **Duties Employer Position Held** Type of Business Wage **Street Address** Supervisor City/State/Zip **Supervisor Phone Dates Employed** Phone Reason for Leaving **Duties Employer Position Held** Type of Business Wage **Street Address** Supervisor City/State/Zip **Supervisor Phone** Phone **Dates Employed** Reason for Leaving **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.

with or without notice, by either party.		
Signature of Applicant:		Date:
EMPLOYMENT_APPLICATION-258.DOCX REF #:258	REVISED: 4/23/14	