



EMPLOYMENT APPLICATION

(Please ask for assistance if needed to complete application)

Highline Water District HR Department Only
Date Received: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ City/State/Zip: _____

Telephone: (____) _____ Email Address: _____

Are you 18 years or older? Yes No

Type of Work Preferred: PT FT TEMP Date available for Work? _____

Who do you know @ HWD? _____

Other Names Used: _____

EDUCATION

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	GRADUATE? (Select One)		DEGREE RECEIVED	NUMBER OF YEARS
		Yes	No		
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. Yes No

2. What are your monthly starting salary expectations? _____

3. Have you ever been employed by this company, or applied for a position? Yes No

4. 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.

May we contact your current employer? Yes No

Employer		Position Held	
Type of Business		Supervisor	
Street Address		Supervisor Phone	()
City/State/Zip		Dates Employed	
Phone	()		
Reason for Leaving			
Duties			

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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.

Signature of Applicant: _____ Date: _____