

Describe your abilities, knowledge and skills that qualify you for this position:

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List your licenses or certificates (professional or trade licenses or certificates required for this position)

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Have you been convicted of a criminal offense or released from jail within the past 7 years? (An affirmative answer will not automatically disqualify you from being considered for employment.)

YES NO If yes, list below:

| Name of Court | City and State | Date of Conviction |
|---------------|----------------|--------------------|
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WORK HISTORY

Beginning with your present or most recent employment, list your work experience history for the last 10 years. Attach additional sheets as necessary. COMPLETE THE FOLLOWING SECTIONS EVEN IF YOU ARE SUBMITTING A RESUME IN ADDITION TO THIS APPLICATION. AN INCOMPLETE APPLICATION MAY DELAY ACTION OR DISQUALIFY YOU.

In evaluating your application, we may contact the employers listed below, unless you indicate those you do not want us to contact and state a reason.

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|---|--|------------------|
| Employer's Name: | From | To |
| Address: | Supervisor: | |
| Phone: | Hours worked per week: | Starting Salary: |
| Position Title: | Ending Salary: | |
| Primary Duties: | Number of employees supervised by you: | |
| Reason for leaving (if still employed, indicate reason for wanting to leave): | May we contact your employer? If no, please state reason. | |

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| Employer's Name: | From | To |
| Address: | Supervisor: | |
| Phone: | Hours worked per week: | Starting Salary: |
| Position Title | Ending Salary: | |
| Primary Duties: | Number of employees supervised by you: | |
| Reason for leaving: | May we contact your employer? If no, please state reason. | |

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|---------------------|--|------------------|
| Employer's Name: | From | To |
| Address: | Supervisor: | |
| Phone: | Hours worked per week: | Starting Salary: |
| Position Title: | Ending Salary: | |
| Primary Duties: | Number of employees supervised by you: | |
| Reason for leaving: | May we contact your employer? If no, please state reason. | |

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|---------------------|--|------------------|
| Employer's Name: | From | To |
| Address: | Supervisor: | |
| Phone: | Hours worked per week: | Starting Salary: |
| Position Title: | Ending Salary: | |
| Primary Duties: | Number of employees supervised by you: | |
| Reason for leaving: | May we contact your employer? If no, please state reason. | |

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|---------------------|--|------------------|
| Employer's Name: | From | To |
| Address: | Supervisor: | |
| Phone: | Hours worked per week: | Starting Salary: |
| Position Title: | Ending Salary: | |
| Primary Duties: | Number of employees supervised by you: | |
| Reason for leaving: | May we contact your employer? If no, please state reason. | |

Were you known by a different name by any of the above employers or educational institutions? () YES () NO
If yes, please identify the employer or educational institution and state the name by which you were known:

DRIVERS RECORD REQUIREMENT

For positions requiring a valid Washington State Drivers License, a five-year Employment Driving Record Abstract from the State Department of Licensing is required and must be attached to the completed employment application. Applications without the abstract will not be considered. A driving record abstract can be obtained at any State DOL office upon request. A nominal fee, plus your driver’s license for identification, is required by the State DOL office.

ACCOMMODATION

If you need accommodation in order to complete or participate in the application or interview process, please notify the District by calling 425-337-3647.

EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of the District to provide equal opportunity for employment to all individuals regardless of race, color, religion, sex, national origin, age, veteran status, marital status, political affiliation, sexual orientation, the presence of sensory, mental or physical disability, or other basis prohibited by federal, state or local law. This policy applies to all areas of employment, including, but not limited to, recruitment, selection, placement, retention and separation. (State Law RCW 49.60 and WAC 162-12-170)

AT-WILL STATUS

I understand that, if employed, I am employed “at-will” and the employment relationship between the District and me can be terminated with or without cause and with or without notice at any time by either the District or me.

TOBACCO FREE POLICY

I understand that Silver Lake Water and Sewer District has a tobacco free policy. By signing below, I acknowledge that I currently do not use tobacco products and that all District facilities, vehicles and equipment are also tobacco free. The policy of the District is to hire non tobacco users.

SIGNATURE AND ACKNOWLEDGEMENT

I, the below-signed, make this application as an inducement to this Employer to evaluate my application and to employ me. I have read this completed application, including the Equal Employment Opportunity statement, and I certify that entries made by me are without omission and are a full, truthful account of my present and past activities. I authorize and give the right to the District to make a thorough, vigorous investigation of all entries made on this form by me and other materials I have provided. Any false or misleading statement or entry on this form and other material I have provided will result in my immediate termination, if I am employed. I agree to prompt payroll deduction of overpayments made to me or amounts owed to the District.

This is a legal document, read it carefully before signing.

Signature:

Date:

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby grant permission for the Silver Lake Water and Sewer District, to contact any and all of my prior employers to inquire about any and all aspects of my current and prior employment. I understand and agree that the Silver Lake Water and Sewer District may ask for and receive information regarding my performance, duties, compensation and any other matter in any way related to my current and prior employment. I hereby waive any right I may have, now or in the future, to bring a claim against the Silver Lake Water and Sewer District, its past or present agents, employees, officials, representatives or attorneys, in their individual or official capacities, for any information about which it may inquire or receive from any of my prior employers. I also hereby waive any right I may have, now or in the future, to bring a claim against any of my current and prior employers, as well as their past or present agents, employees, officials, representatives or attorneys, in their individual or official capacities, for any information they may provide to the Silver Lake Water and Sewer District. I acknowledge that this permission and waiver are freely and voluntarily given to Silver Lake Water and Sewer District.

Signature

Printed Name

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 state driver's license, a social security card, a United States, birth certification, or other documentation designated by the attorney general, or documents which will establish both an individual's employment authorization and identity are (1) a United States passport, (2) a certificate of United States citizenship or naturalization, (3) United States citizen identification card (ins issued), (4) an unexpired foreign passport properly endorsed to show work authorization, (5) a resident alien registration receipt card or, (6) an unexpired 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 hour after being hired.

Silver Lake Water and Sewer District Tobacco Free Policy

It is the District's intent to create a tobacco-free environment within District-owned facilities, including the District office and maintenance buildings, reservoir sites, vehicles, pump stations, etc.

Smoking is the major preventable cause of premature deaths today, killing 300,000 - 500,000 Americans annually. Nonsmokers, comprising over 70 percent of the adult population in the United States, may be harmed by secondhand or passive smoke. The hazards range from immediate reactions (eye and ear irritations, headaches, breathing difficulties) to long-term, serious health effects. Individuals exposed to smoke may develop lung cancer and may lose lung capacity. Additionally, certain District employees may be especially susceptible in a smoke-filled environment due to respiratory disease, heart disease or allergies.

Chewing tobacco is likewise a cancer causing agent that endangers the health and lives of those who use it. Although chewing tobacco does not pose the same documented "second hand" threats to non-users as smoking, the act of chewing tobacco is unsightly and creates unsanitary, unhealthy and undesirable waste remnants that may potentially expose non-users to health risks.

Additionally, tobacco use negatively impacts workplace productivity. It is also likely to have an undesirable refuse effect-- the District desires to eliminate the disposal of cigarette butts and chewing tobacco spittle upon District property, including its sidewalks and common entry ways.

The District facilities and job sites are a "tobacco free" environment. No employee or member of the public shall be permitted to smoke or use chewing tobacco products while present upon or in any District owned facility. This includes all outdoor areas which constitute District property. No employee shall be permitted to use tobacco products during work time.

Employees who violate this policy on tobacco use shall be subject to discipline, up to and including termination. Employees who observe members of the public violating this policy should immediately report such violation to the District Manager or designee.

This policy is one of the most important steps that the District can take to improve our work environment. We rely upon the cooperation of all our employees. The District supports its employees' efforts to quit using tobacco products. Towards this end, certain costs associated with quitting such tobacco products may be covered by the District's health care plan(s), and employees may be eligible for nicotine withdrawal benefits under such plan(s). Employees seeking to quit their tobacco use should see their health care provider for additional information relating to these benefits.

Effective immediately, it shall also be the policy of the District to hire only non-smokers and non-chewing tobacco users.