

## EMPLOYMENT APPLICATION

**EQUAL OPPORTUNITY:** West Sound Utility District (WSUD), is an equal opportunity employer. WSUD hires, train and promote without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, sexual orientation, disability or any other category protected by federal, state, or local law or authority. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement.

**INSTRUCTIONS:** Print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave any items blank. If an item does not apply, write "N/A" (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, include your name, the position title for which you are applying, and the specific section of this application form that you are continuing to an additional page. You may also attach copies of résumés, documents or certificates which support your application. All materials submitted become the property of WSUD and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Failure to follow these instructions, initial this paragraph and sign this application will be cause for rejection of the application. Illegible or incomplete applications may be rejected. Exaggerated, false or misleading statements may result in rejection of the application and/or termination of employment.

MY INITIALS AT THE END OF THIS SENTENCE IN THE BLANK PROVIDED AFFIRM THAT I HAVE READ AND UNDERSTAND THE FOREGOING INSTRUCTIONS. \_\_\_\_\_

### PERSONAL INFORMATION

LAST NAME	FIRST	M.I.	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN		
COMPLETE MAILING ADDRESS (Street, City, State, Zip)					
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	ALTERNATE NO. WHERE YOU MAY BE REACHED			
ARE YOU 18 YEARS OF AGE OR OLDER				YES	NO
IF OFFERED EMPLOYMENT, CAN YOU PROVIDE PROOF OF A LEGAL RIGHT TO WORK IN THE UNITED STATES				YES	NO
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH WSUD				YES	NO
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY WSUD? IF YES, COMPLETE THE FOLLOWING INFORMATION				YES	NO
JOB TITLE/DEPARTMENT	DATES FROM	TO			
LIST ANY RELATIVES WHO ARE EMPLOYED BY WSUD					
NAME		JOB TITLE/DEPARTMENT			

**DRIVER'S LICENSE:** If the position for which you are applying will require you to operate a vehicle: (1) You must possess a valid driver's license. (2) Any special endorsements must be current and valid. (3) If you are offered employment by WSUD, and if your driver's license is from another state you will be required as a condition of employment to obtain a valid Washington State Driver's License before you can begin work.

NUMBER	STATE	EXPIRATION DATE	CLASSIFICATION		
DO YOU AUTHORIZE WSUD TO INVESTIGATE YOUR DRIVING RECORD? IF YES, THE DISTRICT MAY, AT ITS DISCRETION, OBTAIN AN ABSTRACT OF YOUR DRIVING RECORD FROM THE APPLICABLE DEPARTMENT OF DRIVERS LICENSING				YES	NO

**EMPLOYMENT DESIRED**

POSITION OR TYPE OF WORK FOR WHICH YOU ARE APPLYING					
HOW DID YOU LEARN ABOUT THE POSITION FOR WHICH YOU ARE APPLYING					
IF PART TIME, SPECIFY DAYS & HOURS PER WEEK					
WHAT IS YOUR MINIMUM SALARY REQUIREMENT	PER	DATE AVAILABLE FOR WORK			
DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US? SPECIFY COMMITMENTS				YES	NO

**EDUCATION:** Educational qualifications are subject to verification. If an offer of employment is made, you may be asked to provide dates of attendance to facilitate verification.

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT	YES	NO
WHAT POST SECONDARY DEGREE(S) DO YOU HOLD		
MAJOR/MINOR DEGREE, FIELD OR PROGRAM OF STUDY		
NAME AND LOCATION OF COLLEGES OR UNIVERSITIES ATTENDED		

**MILITARY SERVICE**

DATES OF U.S. MILITARY SERVICE				BRANCH OF SERVICE	DID YOU RECEIVE AN HONORABLE DISCHARGE? COMMENTS IF ANY	YES	NO
FROM		TO					
MONTH	YEAR	MONTH	YEAR				
LIST ANY SPECIALIZED TRAINING RECEIVED IN THE UNITED STATES MILITARY THAT IS APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING							
OPTIONAL. LIST ANY OTHER EDUCATION, TRAINING, OR WORK EXPERIENCE IN THE ARMED FORCES OF THE UNITED STATES THAT RELATES TO THE POSITION FOR WHICH YOU ARE APPLYING							

**EMPLOYMENT HISTORY**

MAY WE CONTACT YOUR PRESENT EMPLOYER REGARDING YOUR RECORD OF EMPLOYMENT							YES	NO
<b>(JOB 1) PRESENT OR MOST RECENT JOB</b>							<b>COMPANY NAME</b>	
FROM		TO		TOTAL TIME		ADDRESS		
MO.	YR.	MO.	YR.	YRS.	MOS.			
						TELEPHONE NUMBER.		
HOURS PER WEEK				YOUR JOB TITLE				
STARTING SALARY \$			PER		SUPERVISOR'S NAME & TITLE			
LAST SALARY \$			PER		REASON FOR LEAVING POSITION			
SPECIFIC DUTIES								
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)								

<b>(JOB 2) PREVIOUS JOB</b>							<b>COMPANY NAME</b>	
FROM		TO		TOTAL TIME		ADDRESS		
MO.	YR.	MO.	YR.	YRS.	MOS.			
						TELEPHONE NUMBER.		
HOURS PER WEEK				YOUR JOB TITLE				
STARTING SALARY \$			PER		SUPERVISOR'S NAME & TITLE			
LAST SALARY \$			PER		REASON FOR LEAVING POSITION			
SPECIFIC DUTIES								
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)								

<b>(JOB 3) PREVIOUS JOB</b>							<b>COMPANY NAME</b>	
FROM		TO		TOTAL TIME		ADDRESS		
MO.	YR.	MO.	YR.	YRS.	MOS.			
						TELEPHONE NUMBER.		
HOURS PER WEEK				YOUR JOB TITLE				
STARTING SALARY \$			PER		SUPERVISOR'S NAME & TITLE			
LAST SALARY \$			PER		REASON FOR LEAVING POSITION			
SPECIFIC DUTIES								
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)								

**MISCELLANEOUS INFORMATION**

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PHYSICAL EXAMINATION IF REQUIRED AS A BONA FIDE OCCUPATIONAL JOB QUALIFICATION	YES	NO
IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT DRUG SCREENING TEST IF REQUIRED AS A BONA FIDE OCCUPATIONAL QUALIFICATION AND/OR FOR PUBLIC SAFETY INTERESTS	YES	NO
CAN YOU PERFORM THE BONA FIDE OCCUPATIONAL QUALIFICATIONS OF THE JOB YOU HAVE APPLIED FOR (WITH OR WITHOUT ACCOMMODATION)	YES	NO

**PROFESSIONAL REFERENCES:** List three professional or business references who are not your relatives or employees of WSUD. State the nature of your business relationship (i.e., co-worker, supervisor, associate)

NAME	PHONE	RELATIONSHIP	YEARS KNOWN

**PERSONAL REFERENCES:** List three personal references who are not your relatives or employees of WSUD. State the nature of your relationship (i.e., friend, landlord, etc.)

NAME	PHONE	RELATIONSHIP	YEARS KNOWN

**IMPORTANT: READ EACH SECTION BELOW CAREFULLY AND COMPLETELY. IF YOU DO NOT UNDERSTAND ANY PORTION OF THE STATEMENTS BELOW, ASK FOR CLARIFICATION. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND EACH OF THE PROVISIONS LISTED AND THAT YOU AGREE TO ABIDE BY THE CONDITIONS STATED THEREIN.**

**NOTICE TO PERSONS WITH DISABILITIES: APPLICANTS THAT REQUIRE A REASONABLE ACCOMMODATION TO COMPLETE THIS APPLICATION, TESTING, OR THE INTERVIEW PROCESS, SHOULD CONTACT THE DISTRICT’S HUMAN RESOURCES DEPARTMENT AT 360-876-2545 AND ADVISE AS TO WHAT ACCOMMODATION IS NEEDED. THE DISTRICT WILL THEN WORK WITH THE APPLICANT TO PROVIDE AN APPROPRIATE REASONABLE ACCOMMODATION, IF APPLICABLE.**

**HOW TO APPLY:** APPLICATIONS FOR EMPLOYMENT SHOULD BE SUBMITTED ON OFFICIAL APPLICATION FORMS TO WSUD AT THE ADDRESS SHOWN AT THE TOP OF THIS APPLICATION FORM. SUBMIT ONE APPLICATION FOR EACH POSITION. IT IS YOUR RESPONSIBILITY TO KEEP YOUR APPLICATION UP TO DATE. AN APPLICATION WILL BE REJECTED WHICH IS RECEIVED UNSIGNED, INCOMPLETE, OR AFTER THE CLOSING DATE SPECIFIED ON THE JOB ANNOUNCEMENT.

**EXAMINATION PROCEDURE:** YOU WILL BE NOTIFIED WITHIN APPROXIMATELY FOUR WEEKS OF THE CLOSING DATE OF THE JOB ANNOUNCEMENT REGARDING ANY TESTING PROCEDURES WHICH MAY BE INVOLVED IN THE HIRING PROCESS. ANY PART OF THE ANNOUNCED EXAMINATION MAY BE ELIMINATED IF THERE IS AN INSUFFICIENT NUMBER OF APPLICANTS TO JUSTIFY GIVING THE COMPLETE EXAMINATION.

**PRE-EMPLOYMENT MEDICAL EXAMINATION:** APPLICANTS WHO RECEIVE A CONDITIONAL OFFER OF EMPLOYMENT MAY BE REQUIRED TO PASS A MEDICAL EXAMINATION GIVEN BY A PHYSICIAN DESIGNATED BY WSUD, IF REQUIRED BY A BONA FIDE OCCUPATIONAL QUALIFICATION AND BUSINESS NECESSITY.

**PAY PLAN:** NEW EMPLOYEES ORDINARILY START AT THE MINIMUM RATE IN THE SALARY RANGE. THE DISTRICT, HOWEVER, RESERVES THE DISCRETION TO ALTER STARTING PAY AS DEEMED APPROPRIATE AT ITS SOLE DISCRETION.

**PROBATIONARY PERIOD:** EMPLOYEES SERVE A PROBATIONARY PERIOD AS DETERMINED BY DISTRICT POLICY. TERMINATION OF EMPLOYMENT DURING THE PROBATIONARY PERIOD MAY BE WITH OR WITHOUT CAUSE AT ANY TIME AND IS NOT SUBJECT TO ANY APPEAL PROCESS NOR THE GRIEVANCE PROCEDURE.

**DRUG POLICY:** IT IS THE POLICY OF WSUD TO MAINTAIN A DRUG FREE WORKPLACE. EMPLOYEES WHO ARE IN POSSESSION OF OR USING CONTROLLED SUBSTANCES (DRUGS) WILL BE TERMINATED AND MAY HAVE CRIMINAL ACTIONS FILED AGAINST THEM. EMPLOYEES IN CERTAIN POSITIONS ARE SUBJECT TO FEDERAL LAWS REQUIRING PRE-EMPLOYMENT, POST-ACCIDENT, AND RANDOM DRUG TESTING.

**AGREEMENT:** I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION ON THIS APPLICATION MAY RESULT IN DENIAL OF EMPLOYMENT OR, IF HIRED, TERMINATION OF EMPLOYMENT. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE WSUD ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION, INCLUDING MY EMPLOYMENT OR ACADEMIC HISTORY, QUALIFICATIONS AND ABILITIES. I AUTHORIZE WSUD TO REQUEST AND RECEIVE SUCH INFORMATION, INCLUDING RECEIPT OF MY ACTUAL RECORDS OR OTHER DOCUMENTS.

I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON THAT IS NOT VIOLATIVE OF LAW, AT THE DISCRETION OF EITHER WSUD OR MYSELF. I UNDERSTAND THAT NO WSUD OFFICIAL OTHER THAN THE GENERAL MANAGER OF WSUD OR HIS/HER DESIGNEE HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR MAKE ANY ORAL ASSURANCE OR PROMISE OF CONTINUED EMPLOYMENT OR OF SPECIFIC TREATMENT IN SPECIFIC CIRCUMSTANCES.

I AGREE TO COMPLY WITH WSUD RULES, REGULATIONS AND POLICIES, AND ACKNOWLEDGE THAT THESE RULES, REGULATIONS AND POLICIES MAY BE UNILATERALLY CHANGED, MODIFIED, INTERPRETED, WITHDRAWN OR SUPPLEMENTED ANY TIME AND WITHOUT PRIOR NOTICE TO ME.

I UNDERSTAND THAT THIS APPLICATION AND ANY OTHER DOCUMENTS WHICH I MAY RECEIVE ARE NOT CONTRACTS OF EMPLOYMENT AND SHOULD NOT BE CONSTRUED AS SUCH.

**RELEASE:** I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY, ACADEMIC INSTITUTION OR OTHER ENTITY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, KNOWN OR UNKNOWN, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BY VIRTUE OF THAT PERSON, CORPORATION, COMPANY, ACADEMIC INSTITUTION, OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY RESPOND TO THE INVESTIGATION, INQUIRY OR INTERESTS OF WSUD TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
In Case Of Emergency Notify

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number

**DO NOT WRITE BELOW THIS LINE OFFICE USE ONLY**

\_\_\_\_\_  
Interviewed By \_\_\_\_\_  
Date

Remarks: \_\_\_\_\_

Hired: YES / NO    Division: \_\_\_\_\_    Position: \_\_\_\_\_    Will Report: \_\_\_\_\_    Salary: \_\_\_\_\_

Resolution No. \_\_\_\_\_

West Sound Utility District Recommends that you retain a copy of this completed form for your personal records