

LAKWOOD WATER DISTRICT

11900 Gravelly Lake Drive SW
 (P.O. Box 99729)
 Lakewood, WA 98499-0729
 (AN EQUAL OPPORTUNITY EMPLOYER)



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

| | | | | |
|--|-----------------------------|---|-------------------------|------------------|
| PERSONAL INFORMATION | | | DATE: | |
| NAME: | | | SOCIAL SECURITY NUMBER: | |
| LAST | FIRST | MIDDLE | | |
| PRESENT ADDRESS: | | | | |
| PERMANENT ADDRESS: | | | | |
| PHONE NO.: | | ARE YOU 18 YEARS OR OLDER? YES ___ NO ___ | | |
| ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? | | | YES ___ NO ___ | |
| EMPLOYMENT DESIRED | | DATE YOU CAN START: | SALARY DESIRED: | |
| POSITION: | | IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? | | |
| ARE YOU EMPLOYED NOW? | | | | |
| EVER APPLIED TO THIS COMPANY BEFORE? | | WHEN? | | |
| REFERRED BY: | | | | |
| EDUCATION | NAME AND LOCATION OF SCHOOL | *NO OF YEARS ATTENDED | *DID YOU GRADUATE? | SUBJECTS STUDIED |
| HIGH SCHOOL | | | | |
| COLLEGE TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | | |
| GENERAL | | | | |
| SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: | | | | |
| | | | | |
| SPECIAL SKILLS: | | | | |
| EQUIPMENT / COMPUTER SKILLS: | | | | |
| ACTIVITIES: (CIVIC, ATHLETIC, ETC.) | | | | |
| <small>EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, and COLOR OR NATION OF ORIGIN OF ITS MEMBERS.</small> | | | | |
| U.S. MILITARY OR NAVAL SERVICE: | | PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: | | |

Have you been convicted of a felon within the last 7 years? Yes ___ No ___

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

| DATE MONTH AND YEAR | NAME, ADDRESS AND PHONE OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------------------|--|--------|----------|--------------------|
| FROM TO | | | | |
| FROM TO | | | | |
| FROM TO | | | | |

REFERENCES: GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST 1 YEAR.

| NAME | ADDRESS & PHONE | BUSINESS | YEARS ACQUAINTED |
|------|-----------------|----------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Lakewood Water District is a "smoke free and drug free" facility. Applicants who smoke or use illegal drugs will not be considered and need not apply.

Signature of Applicant_____
Date**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview Yes ____ No ____

Remarks _____

Employed Yes ____ No ____ Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

NAME AND TITLE

DATE