



MUKILTEO WATER AND WASTEWATER DISTRICT

7824 Mukilteo Speedway • Mukilteo, WA 98275

425-355-3355

(fax) 425-348-0645

Date Stamp

This is a drug free workplace. All applicants are given a drug test after a conditional offer of employment. No applicant will be hired unless the test results are "negative". Drug testing is a condition of employment.

This company is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, veteran status, disability status, sexual orientation, or any other basis prohibited by federal, state, or local law.

POSITION APPLIED FOR:
DATE:

NAME: _____
(Last) (First) (Middle)

OTHER NAMES KNOWN BY: _____

ARE YOU OVER THE AGE OF 18? Yes No

ADDRESS: _____
(Street) (City) (State) (Zip Code)

MONTHS AT CURRENT ADDRESS: _____ HOME PHONE #: _____ WORK #: _____ CELL #: _____

ARE YOU A FORMER MWWD EMPLOYEE? Yes No DO YOU POSSESS A VALID DRIVER'S LICENSE? Yes No Issuing State: _____

TYPE OF WORK DESIRED: FULL-TIME PART-TIME TEMPORARY OTHER (specify) _____

DID YOU ATTEND SCHOOL UNDER A DIFFERENT NAME? Yes No If yes, NAME: _____

EDUCATION:

TYPE OF SCHOOL	SCHOOL & LOCATION	DATES OF ENROLLMENT	MAJOR COURSE	DEGREE/DATE
HIGH SCHOOL OR G.E.D.				
BUSINESS OR TECHNICAL				
UNDERGRADUATE STUDIES				
OTHER COURSES AND TRAINING				

DO YOU PLAN FURTHER EDUCATION: Yes No IF YES, STARTING DATE: _____

TYPE OF COURSE: _____ HOURS ATTENDING: _____

PROFESSIONAL LICENSES: First Aid Card expires _____ CPR Card expires _____ CDL Level expires _____

Flagging expires _____ Cross Connection expires _____ Water Distribution Specialist/Manager expires _____

BAT expires _____ Treatment Plant Operator expires _____ Other Licensing: _____

GIVE THE NUMBER OF MONTHS EXPERIENCE AND/OR TRAINING IN ANY OF THE FOLLOWING:

Backhoe Use [], Heavy Equipment Use [], Street Construction [], Public Utility Construction [], Construction [], 10-Key [], Multi-Line Phone [],

Key Boarding [], IT [], Postage Equipment [], Microsoft Office [], Other Software Used: _____

SPECIAL SKILLS: _____

OTHER ABILITIES: Multilingual _____ Sign Language Ability

REFERENCES: (DO NOT LIST RELATIVES)		
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

WORK HISTORY: Beginning with your present or most recent employment, list your work history, including Military Service. Please fill out the information completely. If you are attaching a resume, you must still complete the information below. (Please use additional sheets if necessary.)

EMPLOYER'S NAME _____ FROM _____ TO _____
ADDRESS _____ SUPERVISOR _____
PHONE _____ HOURS WORKED PER WEEK _____ STARTING SALARY _____
POSITION _____ LAST SALARY _____
PRIMARY DUTIES _____

NUMBER OF EMPLOYEES SUPERVISED BY YOU _____ MAY WE CONTACT YOUR EMPLOYER? Yes No

REASON FOR LEAVING _____

EMPLOYER'S NAME _____ FROM _____ TO _____
ADDRESS _____ SUPERVISOR _____
PHONE _____ HOURS WORKED PER WEEK _____ STARTING SALARY _____
POSITION _____ LAST SALARY _____
PRIMARY DUTIES _____

NUMBER OF EMPLOYEES SUPERVISED BY YOU _____ MAY WE CONTACT YOUR EMPLOYER? Yes No

REASON FOR LEAVING _____

EMPLOYER'S NAME _____ FROM _____ TO _____
ADDRESS _____ SUPERVISOR _____
PHONE _____ HOURS WORKED PER WEEK _____ STARTING SALARY _____
POSITION _____ LAST SALARY _____
PRIMARY DUTIES _____

NUMBER OF EMPLOYEES SUPERVISED BY YOU _____ MAY WE CONTACT YOUR EMPLOYER? Yes No

REASON FOR LEAVING _____

ARE YOU A UNITED STATES CITIZEN OR CAN YOU PROVIDE PROOF OF A LEGAL RIGHT TO WORK IN THE U. S. AFTER HIRE? Yes No
(AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, YOU WILL BE REQUIRED TO PROVIDE ACCEPTABLE DOCUMENTATION PROVING IDENTITY AND AUTHORIZATION TO WORK AT TIME OF HIRE.)

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR RELEASED FROM PRISON WITHIN THE LAST SEVEN (7) YEARS, OR BEEN CONVICTED OF A MISDEMEANOR OTHER THAN MINOR TRAFFIC OFFENSES WITHIN THE PAST THREE (3) YEARS? Yes No IF YES, PLEASE EXPLAIN: _____

A CONVICTION RECORD WILL NOT DISQUALIFY YOU FOR EMPLOYMENT UNLESS SUCH RECORD WOULD REASONABLY AFFECT YOUR FITNESS FOR THE JOB FOR WHICH YOU HAVE APPLIED.

IF I AM SELECTED AS A FINALIST APPLICANT, I HEREBY AUTHORIZE A MUKILTEO WATER AND WASTEWATER DISTRICT REPRESENTATIVE TO CONDUCT REFERENCE AND BACKGROUND INVESTIGATIONS REGARDING MY WORK AND PERSONAL HISTORY. I FURTHER RELEASE AND HOLD HARMLESS FROM ANY LIABILITY ANY AND ALL POSSIBLE CAUSES OF LEGAL ACTION, MUKILTEO WATER & WASTEWATER DISTRICT AND ALL PERSONS WITH RESPECT TO INFORMATION OBTAINED OR PROVIDED. I ALSO UNDERSTAND AND AGREE THAT THE EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND MAY BE TERMINATED AT ANY TIME WITHOUT CAUSE.

To the best of my knowledge the information herein is true and complete. I further understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal.

AN INCOMPLETE APPLICATION MAY DELAY ACTION OR DISQUALIFY YOU.

SIGNATURE

DATE