

NORTH BEACH WATER DISTRICT 2212 272nd Street / P.O. Box 618, OCEAN PARK, WA 98640
 TEL 360 665-4144 - FAX 360 665-4641

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of or non-job related mental or physical disability or any other legally protected status.

(Please Print Legibly)

Position(s) Applied for:				Date of Application:				
Last Name:		First Name:		Middle Name:				
Address:			City:		State:		Zip:	
Telephone #'s	Primary:		Alternate 1:		Alternate 2:			
Have you ever applied with us before? If yes, specify date:							YES	NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required)							YES	NO
Are you currently on "Lay-Off" status subject to recall?							YES	NO
Do you object to working any of the following; overtime, weekends, on-call?							YES	NO
Do you have any relatives currently employed by North Beach Water District?							YES	NO
On what date are you available to start work:								
Salary Desired: Hourly or, Monthly, or Annually?								

EDUCATION

Description	High School				Undergraduate Collage/University				Graduate/Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
School Name, Address, Phone Number												
Years Completed												
Describe Course of Study												
Describe any honors you have received												
List other relevant courses and training - include name, location, length of course date completed:												
List professional licenses and/or certificates, trade, business, or civic activities and offices held:												

REFERENCES:

(LIST THREE PERSONS OTHER THAN RELATIVES)

1	NAME:	ADDRESS:	PHONE:
2	NAME:	ADDRESS:	PHONE:
3	NAME:	ADDRESS:	PHONE:

LANGUAGE SKILLS

LANGUAGE:	NATIVE	FLUENT	BASIC
LANGUAGE:	NATIVE	FLUENT	BASIC
LANGUAGE:	NATIVE	FLUENT	BASIC

If needed, applicant may use additional sheets to provide required information.

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES WHICH RELATE TO THE JOB WHICH YOU ARE APPLYING FOR.

1	EMPLOYER:		DATES EMPLOYED		WORK PERFORMED
	ADDRESS:		FROM	TO	
	TELEPHONE NUMBER(S):		RATE OF PAY		
			HOURLY	SALARY	
	JOB TITLE:	SUPERVISOR:			
REASON FOR LEAVING:					
2	EMPLOYER:		DATES EMPLOYED		WORK PERFORMED
	ADDRESS:		FROM	TO	
	TELEPHONE NUMBER(S):		RATE OF PAY		
			HOURLY	SALARY	
	JOB TITLE:	SUPERVISOR:			
REASON FOR LEAVING:					
3	EMPLOYER:		DATES EMPLOYED		WORK PERFORMED
	ADDRESS:		FROM	TO	
	TELEPHONE NUMBER(S):		RATE OF PAY		
			HOURLY	SALARY	
	JOB TITLE:	SUPERVISOR:			
REASON FOR LEAVING:					

Do you have the physical and mental ability to perform the tasks described in the attached job description, with or without accommodation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If accommodation is required, please describe the accommodation you would require:		

APPLICANTS STATEMENT - PLEASE READ CAREFULLY

I, the undersigned applicant, 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. I understand and acknowledge that the policy of NBWD is such that the existence of a criminal conviction will not necessarily disqualify my application for employment.

I understand that if offered employment, the offer may be contingent on passing a pre-employment alcohol and drug screen and a pre-employment physical and voluntarily agree to submit to these procedures. I also understand that I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Washington State driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance.

This application for employment shall be considered active for a period of time not to exceed forty five (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.

I understand and hereby acknowledge that any employment relationship with NBWD is of an "at will" nature, which means that the employee may resign at any time and NBWD may discharge the employee at any time with or without cause. I also understand that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by the Board of Commissioners, acting as a body of NBWD.

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 NBWD.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by NBWD, I am entitled to copies of any such records obtained, unless I mark the checked box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above

SIGNATURE OF APPLICANT: _____ DATE _____

If needed, applicant may use additional sheets to provide required information.