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 of physical disability or any other legally protected status.

(Please Print Legibly)

Position(s) Applied for: Date of Application:										
Last Name: Fir	rst Name:	Middle	Name:							
Address:	City:	Sta	ate:	Zip:						
Telephone #'s Primary:	Alternate 1:	A	lternate 2:							
Have you ever applied with us before? If y	ves, specify date:		YES	No						
Are you prevented from lawfully becoming em Immigration status? (Proof of citizenship	YES	No								
Are you currently on "Lay-Off" status subje	ect to recall?	9	YES	No						
Do you object to working any of the followi	ng; overtime, weekends, on	-call?	YES	No						
Do you have any relatives currently employe	ed by North Beach Water Dis	trict?	YES	No						
On what date are you available to start wor	·k:	1	1	N.						
Salary Desired: Hourly or, Mont	thly, or Annually?		1	11						
17 / 1	EDUCATION	MAA	1	11						
Description	High School	Undergraduat College/Univer		te/Professional						
School Name, Address, Phone Number										
Years Completed	9 10 11 12 1	1 2 3	4 1 2	3 4						
Describe Course of Study	CO WILLIAM			V 1						
Describe any honors you have received			/							
List other relevant courses and training - List professional licenses and/or certifica										
REFERENCES: (LIST THREE PERSONS OTHER THAN RELATIVES)										
1 NAME: ADDRESS:			PHONE:							
2 NAME: ADDRESS:			PHONE:							
3 NAME: ADDRESS:	LANGUAGE SKILLS		PHONE:							
LANGUAGE:	EARGONGE SKILLS	NATIVE	FLUENT	BASIC						
LANGUAGE: NATIVE				Basic						
LANGUAGE:		NATIVE	FLUENT	BASIC						

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

December Names(s): Description:	₹.								
TELEPHONE NAMER(S): JOB TITLE: SUPERVISOR: DATE EMPOYED NOOK PERFORMED NO		EMPLOYER:			DATES E	MPLOYED		WORK PERFORMED	
DATE OF LEAVING: DATE SEMENTS		Address:			FROM	FROM TO			
Duty	1	TELEPHONE NUMBER(S):							
Date Structo		JOB TITLE:	SUPERVISOR:	GEOGRAPHICA III	The second second	De la companya della companya della companya de la companya della			
TILEMONE NAMES(S): TRESON FOR LEWING: PROMITY PROM		REASON FOR LEAVING:							
TELEPHONE NAMERIC(S): JOB TITLE: SUPERVISOR: DATE EMPLOYER: RATE OF PAY HEMINY TELEPHONE NAMERIC(S): TELEPHONE NAMERIC(S): PROPER TO LEAVINGE: PRESON FOR LEAVINGE: REASON FOR LEAVINGE: REASON FOR LEAVINGE: PRESON FOR LEAVINGE: REASON FOR LEAVINGE: PRESON FOR LEAVINGE: 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 NBND 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. I also understand that if offered employment hybrical and voluntarily agree to submit to these procedures. I also understand that will be required to submit proof of my Identity and legal right to work in the United States on my first day or employment. This application for employment shall be considered active for a period of time not to exceed forty five (45) days. This application for employment as the Whether or not applications are being accepted at that time. This application for employment shall be considered active for a period of time not to exceed forty five (45) days. This application for employment than the middle accepted at that time. This application for employment shall be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. This application for employment shall be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. In understand and hereby acknowledge that any employment relationship may not be changed by written document on by conduct, unless such change is specifically acknowledged in writ		EMPLOYER:		DATES E	MPLOYED	-	WORK PERFORMED		
Double Supervisor: Nome State Supervisor: Nome State Supervisor: Nome State Stat		ADDRESS:			FROM TO			Day.	
DATE EMPLOYER: DATE EMPLOYER: NOME PERFORMED		TELEPHONE NUMBER(S):	J 1		The state of the s				
EPRIOTER: DATES EMPLOYED MODEX PERFORMED		JOB TITLE:	SUPERVISOR:	ST 1	HOOKEY	JALARY			
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 physical and voluntarily agree to submit to these procedures. I also understand that the existence of a criminal conviction will not necessarily disquality my application for employment allohol and drug screen and a pre-employment physical and voluntarily agree to submit to these procedures. I also understand that 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 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 too be considered for employment relationship with NBND is of an "at will" nature, which means that the employee may resign at any time and NBND may discharge the employee any written document on by conduct, unless such change is specifically acknowledged in writing by the Board of Commissioners, acting as a body of NBND. In the event of employment, I understand that false or misleading information given in my application or without cause. I also understand that this "at will" employment relationship may not be changed by any written document on by conduct, unless such change is specifically acknowledged in writing by the Board of Commissioners, acting as a body of NBND. In the event of employment, I understand that false or misleading information given in my application or interviev(5) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of NBND. In the event of employment, I understand that false or misleading information		REASON FOR LEAVING:							
ADPLICANTS 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 NBMD is such that the existence of a criminal conviction will not necessarily disqualify my application for employment alcohol and drug screen and a pre-employment physical and voluntarily agree to submit to these procedures. I also understand that will be required to submit proof of ny identity and legal right to work in the United Stess 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 submit proof of ny identity and legal right to work in the United Stess 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 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 NBMD is of an "at will" nature, which means that the employee may resign at any time and NBMD may discharge the employee and any time dust 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 NBMD. 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	_	EMPLOYER:	d		DATES E	MPI OYED		WORK PERFORMED	
Job TITLE: REASON FOR LEAVING: Supervisor: Supervisor: Supervisor: No Description, with or without accommodation?		Address:	- per			74.	WORK PERFORMED		
you have the physical and mental ability to perform the tasks described in the attached be description, with or without accommodation? 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 NBND 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 physical and voluntarily agree to submit to these procedures. I also understand that 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 Mashington 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 NBND is of an "at will" nature, which means that the employee may resign at any time and NBND may discharge the employee at any time with or without cause. I also understand that this "at will" employment relationship may note 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 NBND. In the event of employment, I understand that false or misleading information given in my applicat		TELEPHONE NUMBER(S):	<u> </u>		RATE O	F PAY			
you have the physical and mental ability to perform the tasks described in the attached be description, with or without accommodation? f 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. I also understand that 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 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 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		JOB TITLE:	SUPERVISOR:	and the same of th	HOURLY	SALARY			
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 NBND is such that the existence of a criminal conviction will not necessarily disqualify my application for employment alcohol and drug screen and a pre-employment physical and voluntarily agree to submit to these procedures. I also understand that 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 NBND is of an "at will" nature, which means that the employee may resign at any time and NBND 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 NBND. 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 NBND. Should a search of public records (including records docume		REASON FOR LEAVING:	A STATE OF THE PARTY OF THE PAR	u. / - ,	1			4-03	
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 NBND is such that the existence of a criminal conviction will not necessarily disqualify my application for employment alcohol and drug screen and a pre-employment physical and voluntarily agree to submit to these procedures. I also understand that 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 NBND is of an "at will" nature, which means that the employee may resign at any time and NBND 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 NBND. 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 NBND. Should a search of public records (including records docume									
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 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 application for employment shall be considered active for a period of time not to exceed forty five (45) days. Any application sare 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.				Agrily .		Mal.			
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 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 NBMD 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			A PPLI	CANTS STATEMENT - P	LEASE READ C	AREFULLY			
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.		arriving at an employment decexistence of a criminal convi I understand that if offered e screen and a pre-employment ph will be required to submit pro employment. If the position applied for re a current and valid Washingtor	ision. I und ction will no mployment, the sysical and vo of of my iden quires driving State driver	erstand and acknown to necessarily discommended of the conclusion of the conclusion of the course of	wledge that qualify my a ntingent on o submit to ght to work f work, I ur	the policy of application for passing a protect these procedd in the Uniter that the conditions are the conditions to the conditions are the condi	f NBWD is sor employme e- employme ures. I d States of	nuch that the ent. ent alcohol and drug also understand that In my first day of erequired to possess	
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.		This application for employmen Any applicant wishing to be o	t shall be co	nsidered active for employment beyon					
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.		means that the employee may re cause. I also understand tha or by conduct, unless such ch	sign at any t t this "at wi	ime and NBWD may	discharge tl lationship m	ne employee a nay not be ch	t any time anged by a	with or without ny written document	
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.		interview(s) may result in di							
☐ I waive receipt of a copy of any public record described in the paragraph above		action, tax lien or outstandin copies of any such records obt	g judgment) b ained, unless	e conducted by int I mark the check	ternal perso	onnel employe w. If I am n	d by NBWD, ot hired a	I am entitled to s a result of such	
		☐ I waive recei	pt of a copy	y of any public	record des	cribed in t	he paragr	aph above	
	N	ATURE OF APPLICANT:				Date			