



31627 1st Ave South • Federal Way WA 98003 • Phone 253-941-1516 • www.lakehaven.org

Employment Application

Please attach your cover letter and resume to your completed application. Complete application instructions can be found at www.lakehaven.org.

A. Applicant Information

Today's Date: ___ / ___ / _____

Position applying for: _____

Full Name: _____
Last First Middle

Address: _____
Street Address City State Zip

How long at this address? _____ years.
If less than **3 years**, please provide previous address:

Address: _____
Street Address City State Zip

Phone Number: _____ Email Address: _____

Are you 18 years of age or older? No Yes

Drivers License No.: _____ State: _____ Expires: _____

CDL Class: _____ Endorsements: _____

Current DOT Medical Card? No Yes Expires: _____

Have you ever been employed by the District (LWSD)? No Yes ___ / ___ / - ___ / ___

Title: _____ Supervisor's Name: _____

Have you been convicted of a crime, pled guilty or been released from prison in the past seven years?
A conviction record will not necessarily bar you from employment. No Yes

Date: _____ Nature of offense: _____

B. Education & Professional Licenses or Certifications

High School _____ Location _____ G.E.D./ Diploma No Yes

College _____ Location _____ Major _____ Year _____

College _____ Location _____ Course _____ Year _____

College _____ Location _____ Course _____ Year _____

Certification _____ Expiration _____ Certification _____ Expiration _____

License _____ Issuing State _____ Registration No. _____ Expiration _____

License _____ Issuing State _____ Registration No. _____ Expiration _____

C. Previous Experience

Please list your work history for the **previous 10 years**, listing the most current first. If more space is needed, please print an additional copy of this page. If more than one position has been held at the same employer, please list each position separately.

Employer: _____

Dates: ___/___ - ___/___

Address _____

Position _____ Supervisor _____ Phone _____

Beginning Wage _____ Ending Wage _____ Hours per week _____

Provide details _____

CDL required? No Yes Type of vehicle driven and how often? _____

Reason for leaving _____

Employer: _____

Dates: ___/___ - ___/___

Address _____

Position _____ Supervisor _____ Phone _____

Beginning wage _____ Ending wage _____ Hours per week _____

Provide details _____

CDL required? No Yes Type of vehicle driven and how often? _____

Reason for leaving _____

Employer: _____

Dates: ___/___ - ___/___

Address _____

Position _____ Supervisor _____ Phone _____

Beginning wage _____ Ending wage _____ Hours per week _____

Provide details _____

CDL required? No Yes Type of vehicle driven and how often? _____

Reason for leaving _____

Employer: _____

Dates: ___/___ - ___/___

Address _____

Position _____ Supervisor _____ Phone _____

Beginning wage _____ Ending wage _____ Hours per week _____

Provide details _____

CDL required? No Yes Type of vehicle driven and how often? _____

Reason for leaving _____

D. Accident Record

If the position you are applying for requires a State of Washington drivers license or a CDL. Please provide the following information regarding your driving record for the previous 5 years. If any of your answers below are yes, please attach a detailed statement providing the facts and circumstances.

Have you had any vehicle accidents?

Date _____	Type _____	Location _____	Fatalities _____	Injuries _____
Date _____	Type _____	Location _____	Fatalities _____	Injuries _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? No Yes

Date _____ Reason _____

Has any license, permit or privilege ever been suspended, revoked or canceled? No Yes

Date _____ Reason _____

Have you ever had a motor vehicle violation, other than a parking violation? No Yes

Date _____ Reason _____

E. Commercial Motor Vehicle Experience

- 1) In any of your previous positions were you subject to the Federal Motor Carrier Safety Regulations? No Yes
- 2) If you answer yes to #1, please check which employers in section C apply. 1 2 3 4 5
- 3) Was your job designated a safety sensitive position, subject to the drug and alcohol testing regulations of 49 CFR Part 40? No Yes

F. Important Information for Applicant

Lakehaven Water and Sewer District requires a copy of your Driving Record "Employment Record" from the Department of Licensing. You may obtain this record at <http://www.dol.wa.gov/driverslicense/requestyourrecord.html>.

If you are applying for a position that requires a Commercial Drivers License, please note that the information you have supplied may be used and previous employers may be contacted for the purpose of investigating your work history. You have the right to review this information provided by your previous employers and the right to have errors corrected and resubmitted by the previous employers as well as have a rebuttal statement attached to the alleged erroneous information if an agreement can not be reached on the accuracy of the information. You must make your requests known in writing within 30 days of being employed or denied employment.

G. Applicant Certification

I have read the separate document "Notice of Employment" and understand the duties and requirements for this position. I also understand that the provisions of the Notice of Employment and this application do not constitute an expressed or implied contract.

If the position for which I am applying requires, I agree to take any employment examinations, which may include drug and alcohol tests, and such future examinations as may be required by Lakehaven Water and Sewer District (LWSD). I agree to wear protective clothing or devices that are required to comply with safety rules. I also authorize LWSD to obtain, at it's sole discretion, my employment and non-employment driving record, including all State Department of Licensing actions that have taken place regarding the driver's license I now hold, have held or in the future may obtain. I further agree to any other conditions of employment described in the application materials.

I certify that the statements made by me on the application and supplemental materials are to the best of my knowledge, true, complete and correct. I understand that any misrepresentation or material omission of fact on this or any other document required by LWSD, may constitute grounds for rejection; or if employed by LWSD, for disciplinary measures, including dismissal. Furthermore, I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information provided by me as may be necessary to arrive at an employment decision.

I further understand that any employment offer is subject to successful completion of reference checks. Having applied for employment with LWSD, I do hereby agree and do give my consent that any person, firm or organization listed is authorized to furnish LWSD with reference material concerning my character, past employment or any other information requested.

You may contact my current employer: No Yes Contact me first

Signature of Applicant

___/___/___
Today's Date

H. E.E.O. Information (Voluntary)

We would appreciate your voluntary cooperation in completing the following confidential information. This data will not be used in the evaluation of your application. It will be removed from the application and is collected for affirmative action record keeping purposes only.

Please check only one box for each question.

1. Sex Female Male

2. Date of Birth ___ / ___ / _____

3. Race - Federal guidelines do not allow multiple racial/ethnic designations for affirmative action purpose therefore, please select only one box.

Hispanic or Latino

Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)

White (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

4. Have you ever been on active duty in the U.S. Armed Services? No Yes

5. If No. 4 is yes, please provide dates you served: From: _____ To: _____

6. If you are a disabled veteran, what percent is your disability? _____

This application form was assembled in part as directed by 49 CFR Parts 383.31, 383.33, 383.35, 391.23 and RCW 46.25.030.