

*This application must be submitted with a resume and cover letter.*

**EAST WENATCHEE WATER DISTRICT  
APPLICATION FOR EMPLOYMENT**

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

**PERSONAL INFORMATION**

DATE \_\_\_\_\_ email: \_\_\_\_\_

NAME \_\_\_\_\_  
FIRST LAST SOCIAL SECURITY NUMBER

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY/STATE/ZIP

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

ARE YOU AVAILABLE TO WORK ANYTIME,  
SEVEN DAYS A WEEK, 24 HOURS A DAY? YES   
NO

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, CAN WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE/WHEN? \_\_\_\_\_

REFERRED BY \_\_\_\_\_ Do you have: CDL Class A  WDM 1  Cross Connection Control

**EDUCATION**

	NAME/LOCATION	GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
TRADE/BUSINESS SCHOOL			

**GENERAL**

SPECIFIC SKILLS \_\_\_\_\_

SUBJECTS OF SPECIAL INTEREST \_\_\_\_\_

ACTIVITIES, CIVIL, ATHLETIC, ETC. \_\_\_\_\_

MILITARY SERVICE - RANK, ETC. \_\_\_\_\_

**FORMER EMPLOYERS**

LIST BELOW YOUR LAST (THREE) EMPLOYERS, BEGINNING WITH THE MOST RECENT.

DATE	MONTH/YEAR	NAME/ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					

**REFERENCES**

GIVE THE NAMES OF (THREE) PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED	PHONE

THE FOLLOWING STATEMENT APPLIES IN MARYLAND &amp; MASSACHUSETTS. (FILL IN NAME OF STATE)

IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT, AS EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

I APPROVE THE DISTRICT TO DO A CRIMINAL BACKGROUND CHECK AND HOLD THE DISTRICT HARMLESS OF THE FINDINGS.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

IN CASE OF EMERGENCY NOTIFY:

NAME

ADDRESS

PHONE

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S DISCRETION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT TO THE FOREGOING.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE