



# Employment Application

Lakehaven Utility District • 31627 1st Ave South • Federal Way WA 98003

phone 253-946-5415 • fax 253-839-9310 • www.lakehaven.org

For each job posting a separate application form must be completed in full (insert N/A instead of leaving any question unanswered). A resume may supplement the application but will not replace it. A copy of your Drivers Abstract from DOL is required. Please be prepared to submit it upon request.

## A. Applicant Information

Position applying for \_\_\_\_\_ Today's Date \_\_\_\_\_

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 on back of this form.*

Hm Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_ Other \_\_\_\_\_

Date of birth *mm/dd/yyyy* \_\_\_\_\_ Social Security No. \_\_\_\_\_

Drivers License No. \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

CDL Class \_\_\_\_\_ Endorsements \_\_\_\_\_ Current Health Card? No Yes Expires \_\_\_\_\_

Have you ever been employed by the District (LUD)? No Yes Dates *mm/yy* \_\_\_\_\_ to \_\_\_\_\_

Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Name and relationship of relatives employed by LUD. \_\_\_\_\_

Have you been convicted of a crime, pled guilty or been released from prison in the past seven years? No Yes

Date \_\_\_\_\_ Nature of offense \_\_\_\_\_

## B. Education & Professional Licenses or Certifications

High School \_\_\_\_\_ Location \_\_\_\_\_ G.E.D./Dipolma No Yes Grad Year \_\_\_\_\_

College \_\_\_\_\_ Location \_\_\_\_\_ Major \_\_\_\_\_ Year \_\_\_\_\_

College \_\_\_\_\_ Location \_\_\_\_\_ Course \_\_\_\_\_ Year \_\_\_\_\_

College \_\_\_\_\_ Location \_\_\_\_\_ Course \_\_\_\_\_ Year \_\_\_\_\_

Certification \_\_\_\_\_ Date Expire \_\_\_\_\_ 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 use back of this form. If more than one position held for the same employer, list each separately.*

1) Employer \_\_\_\_\_ Dates *mm/yy* \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Beginning Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_ Hours per week \_\_\_\_\_

Provide details \_\_\_\_\_

Was CDL required? No Yes Type of vehicle driven & how often? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**C. Previous Experience continued**

**2) Employer** \_\_\_\_\_ **Dates** *mm/yy* \_\_\_\_\_ to \_\_\_\_\_

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 \_\_\_\_\_

**3) Employer** \_\_\_\_\_ **Dates** *mm/yy* \_\_\_\_\_ to \_\_\_\_\_

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 \_\_\_\_\_

**4) Employer** \_\_\_\_\_ **Dates** *mm/yy* \_\_\_\_\_ to \_\_\_\_\_

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 \_\_\_\_\_

**5) Employer** \_\_\_\_\_ **Dates** *mm/yy* \_\_\_\_\_ to \_\_\_\_\_

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 driver record for the previous 5 years. If any of your answers below are yes, please attach a detailed statement providing the facts and circumstances.

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 Utility District requires a copy of your Driver Abstract from the Department of Licensing. Please be prepared to submit the abstract upon request.

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 job announcement and understand the duties and requirements for this position. I also understand that the provisions of the job announcement 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 Utility District (LUD). I agree to wear protective clothing or devices that are required to comply with safety rules. I also authorize LUD to obtain, at its 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 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 LUD, may constitute grounds for rejection; or if employed by LUD, 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 LUD, I do hereby agree and do give my consent that any person, firm or organization listed is authorized to furnish LUD 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 (Optional)

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.

African American/Black

Hispanic

Caucasian/White

Asian/Pacific Islander

Native American

Other \_\_\_\_\_

I choose not to identify

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?      \_\_\_\_\_

7. Do you have any physical, sensory or mental condition(s) which limit any of your major life functions?              No              Yes

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.