



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

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:

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:

City State Zip

B. Education & Professional Licenses or Certification

Table with columns for High School, College, Certification, License, Issuing State, Registration No., Expiration, G.E.D./ Diploma, No, Yes.

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 _____	Phone _____	
Position _____	Supervisor _____	Hours per week _____
Provide details _____		

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

Employer:	Dates: __ / __ - __ / __	
Address _____	Phone _____	
Position _____	Supervisor _____	Hours per week _____
Provide details _____		

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

Employer:	Dates: __ / __ - __ / __	
Address _____	Phone _____	
Position _____	Supervisor _____	Hours per week _____
Provide details _____		

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

Employer:	Dates: __ / __ - __ / __	
Address _____	Phone _____	
Position _____	Supervisor _____	Hours per week _____
Provide details _____		

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

D. Important Information for Applicant

Lakehaven Water and Sewer District will need to review your driving record and will request a copy from you at a later time.

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.

E. 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 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 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, and I hereby release and hold harmless any such person, firm or organization from all potential claims or liabilities arising from the provision of information to LWSD regarding my fitness for employment.

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

Signature of Applicant

___/___/___
Today's Date

F. 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 equal employment opportunity 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 equal employment opportunity 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.