

# LAKWOOD WATER DISTRICT

11900 Gravelly Lake Drive SW  
Lakewood, WA 98499  
253/588-4423  
(AN EQUAL OPPORTUNITY EMPLOYER)

## APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT  
QUESTIONNAIRE)

<b>PERSONAL INFORMATION</b>				DATE: _____	
NAME:					
LAST		FIRST		MIDDLE	
PRESENT ADDRESS:					
PERMANENT ADDRESS:					
PHONE NO.:					
ARE YOU 18 YEARS OR OLDER? YES ____ NO ____					
Email Address:					
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES ____ NO ____					
<b>EMPLOYMENT DESIRED</b>			DATE YOU CAN START:		SALARY DESIRED:
POSITION:					
ARE YOU EMPLOYED NOW?			IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
EVER APPLIED TO THIS COMPANY BEFORE?			WHEN?		
REFERRED BY:					
<b>EDUCATION</b>	NAME AND LOCATION OF SCHOOL		*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL					
COLLEGE					
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL					
<b>GENERAL</b>					
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:					
SPECIAL SKILLS:					
EQUIPMENT / COMPUTER SKILLS:					
ACTIVITIES: (CIVIC, ATHLETIC, ETC.)					
<small>EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, and COLOR OR NATION OF ORIGIN OF ITS MEMBERS.</small>					
U.S. MILITARY OR NAVAL SERVICE:			PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES:		

DATE MONTH AND YEAR FROM	NAME, ADDRESS AND PHONE OF EMPLOYER	POSITION	REASON FOR LEAVING
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

**REFERENCES:** GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST 1 YEAR.

	NAME	ADDRESS & PHONE	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF  
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

**APPLICANT'S STATEMENT:**

I 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 expressly authorize my previous employers to provide information and opinions concerning my work and work habits. I further release all parties and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason arising out of furnishing any information that may be sought in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days.

In the event of employment, I understand that:

- false or misleading information given in my application or interview(s) may result in discharge;
- I am required to abide by all rules and regulations of the employer;
- employment is pending and dependent upon acceptable finger-printing and background checks, motor vehicle report, and Washington Court Case search.

Lakewood Water District is a "smoke-free and drug-free" facility. Applicants who smoke cigarettes or marijuana or use illegal drugs will not be considered and need not apply.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***Thank you for your application. All applicants chosen for an interview will be contacted via phone.***

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview Yes \_\_\_\_ No \_\_\_\_ Social Security No.: \_\_\_\_\_

Remarks \_\_\_\_\_

Employed Yes \_\_\_\_ No \_\_\_\_ Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

NAME AND TITLE

DATE