

Employment Application

Skyway Water and Sewer District is an equal opportunity employer and encourages applications from all persons regardless of race, religion, color, sex, sexual orientation, gender, gender identity or expression, national origin, marital status, age, military status, physical, mental or sensory disability unless based upon a bona fide occupational qualification.

Please print neatly. Answer all questions accurately and completely, and attach supplemental data sheets as needed. Resume may be attached.

Full Name:				
	Last	First	Mie	ddle
Address:	Street	City	State	Zip
Email:		Ony		<u>ــــــــــــــــــــــــــــــــــــ</u>
Phone:	Home	Business		
Are you able	to proficiently read and con	verse in English?	Ye	s 📄 No 📄
Are you 18 or	r older?		Ye	s 📄 No 📄
Are you autho	orized to work in the U.S?		Ye	s 📄 No 📄
If you have a	ny relatives working for Sky	way Water and Sewer Dist	rict, please expla	in.

Can you perform the essential functions of the job, with or without reasonable accommodation?

Educational Background

	School	Course of Study	Years Attended	Last Year Completed 1 2 3 4	Graduate?	Diploma or Degree
Example	University of Washington	Accounting	2001-04	$\circ \circ \circ \bullet$		Bachelor's
High School						
Technical/ Business				0000		
College				0000		
Graduate				0000		

Have you passed the General Education Development (GED) in place of high school graduation?

.....Yes No

List job related special skills that you have acquired and the degree to which you are qualified (*computer, mechanical, languages, other specialized or technical*) that you want us to know about.

Do you have any (<i>non-disability related</i>) activities, commitments, or responsibilities that may	prevent
you from meeting work attendance requirements?	No 🗌
If yes, please explain:	

Professional References: (Please do not list relatives)

	Name	Address		Office/Home Phone
1.				
2.				
3.				
4.			_	

Employment History

Begin with present or most recent employer, including military service, unemployment, and self-employment. Add additional sections as appropriate.

Company Name:	
Address:	Phone:
Job Title:	
Immediate Supervisor:	
Dates of Employment:	
Specific Duties:	
Reason for Leaving:	

Employment History (continued)

Company Name:	
Address:	Phone:
Job Title:	
Immediate Supervisor:	
Dates of Employment:	
Specific Duties:	
Reason for Leaving:	
Company Name:	
Address:	Phone:
Job Title:	
Immediate Supervisor:	
Dates of Employment:	
Specific Duties:	
Reason for Leaving:	

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

In order to ensure that we are hiring the best person for the position as possible, Skyway Water and Sewer District considers the information furnished on this application to be only one step in our hiring process. For this reason, we have a policy of supplementing and completing the information you provide us by checking it against references.

Background Investigation Authorization

I authorize Skyway Water and Sewer District to investigate all statements in this application and to secure any necessary information from all my employers, references, academic institutions and relevant agencies. I hereby release all of those employers, references, academic institutions, relevant agencies and the District from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the District.

I also authorize Skyway Water and Sewer District to make any investigations and inquiries of my driving history that may be necessary to arrive at a decision regarding my possible employment by the District. This includes obtaining an Abstract Driving Record.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials, and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the District has not employed me and for immediate dismissal if the District has employed me.

Please note that some positions with the District are AT WILL.

I hereby acknowledge that I have read and understand the preceding statement.

Signature of Applicant

Date

As part of our onboarding process, new employees must provide documentation that meets the UCIS Form I-9 documentation requirements. Please bring acceptable identification documents to your first day of work, such as a passport or driver's license and social security card, or other approved forms of identification for establishing employment authorization. The I-9 must be completed within the first three days of work. Failure to provide acceptable documentation may result in termination of employment.