



# APPLICATION FOR EMPLOYMENT

## BIRCH BAY WATER & SEWER DISTRICT

EQUAL OPPORTUNITY EMPLOYER

**Instructions:** Fill out this application as completely as possible. Do *not* state “refer to resume”. Do attach additional supporting documents, such as resumes, work, education & training details and other information that substantiates statements and requirements related to this application.  
**Email completed application and resume to [sandi@bbwsd.com](mailto:sandi@bbwsd.com)**

### Personal Information

Date \_\_\_\_\_

NAME			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	EMAIL:	REFERRED BY	

### Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? YES ___ NO ___	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES ___ NO ___	
EVER APPLIED TO THE DISTRICT BEFORE? YES NO ___ WHEN?		

### Education History

<b>PLEASE LIST ANY DEGREES OR CERTIFICATIONS EARNED</b>		
HIGH SCHOOL GRADUATE	YES ___ NO ___	DEGREE:
COLLEGE GRADUATE	YES ___ NO ___	DEGREE:
COMMUNITY COLLEGE GRADUATE	YES ___ NO ___	DEGREE:
TECHINCAL/VOCATION GRADUATE	YES ___ NO ___	DEGREE:

### General Information

SUBJECTS OF SPECIAL STUDY		
WORK OR SPECIAL TRAINING		
U.S. MILITARY OR NAVAL SERVICE	RANK	AREA of SPECIALIZATION

CONTINUED ON OTHER SIDE

**Former Employers (List last four employers, starting with last one first)**

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

**References** (Give below the names of three persons not related to you, whom you have known at least one year)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Honesty, integrative, and initiative are valued highly. Applicants that do not meet all minimum requirements *may* be considered if the applicant is particularly strong in many desirable areas, and, the applicant can demonstrate a high degree of initiative and eagerness to learn.

**QUALIFICATIONS AFFADAVIT**

I have read and understood all of the minimum requirements for this position.

I DO meet or exceed all of the minimum requirements \_\_\_\_\_ (Initial)

I DO NOT meet all minimum requirements. \_\_\_\_\_ (Initial and note the requirements that you do not meet on a separate sheet, including how you feel that you can meet or obtain those requirements within a short period of time)

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I understand that drug tests, background checks, and drivers' abstracts may be required as a condition of employment and I agree to consent to such tests and checks if an offer of employment is considered.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the District from all liability for any damage that may result from utilization of such information.

I understand and agree that no representative of the District has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized District representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE:

SIGNATURE:

**DO NOT WRITE BELOW THIS LINE**

**REMARKS**

**Date Received;\_**
