



15205 41st Avenue SE, Bothell, WA 98012-6114
Phone (425) 337-3647

EMPLOYMENT APPLICATION

An incomplete application may delay action or disqualify you. Please type or use ballpoint pen in completing this application.	Position Applied For:
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PERSONAL

Name: Last	First	M.I.
Current Street Address:	Home Phone:	
City:	Daytime Phone:	
State: <i>Have you resided at the above address at least 3 years? If no, give prior address below.</i>	Zip:	Email:
Prior Address:	Driver's License Number/State Expiration Date: _____	If under 18 years of age, can you furnish a work permit? () YES () NO
Have you ever applied for employment with the SLWSD? () YES () NO If yes: Month and year _____ Department _____		
Are you available for full-time employment? () YES () NO If not, when can you work?		
You may need to work overtime. Will such a requirement create a problem for you? () YES () NO		
Do you smoke or use tobacco products? () YES () NO (Please refer to Tobacco/Nicotine Free Policy)		
Are you legally eligible for employment in the United States? () YES () NO If no, why?		
Do you know anyone working for SLWSD? If yes, who?		
Do you claim Veteran's Preference? Yes___ No___ (Attach DD Form 214/or Discharge papers.)		

EDUCATION

TYPE OF SCHOOL:	SCHOOL AND LOCATION:	MAJOR COURSES:	CREDIT HOURS EARNED:	# OF YEARS ATTENDED:	DEGREE RECEIVED
High School or GED					
Business or Technical					
Undergraduate Studies					
Graduate Studies					
Other Courses or Training					

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation? () YES () NO

Describe your abilities, knowledge and skills that qualify you for this position:

List your licenses or certificates (professional or trade licenses or certificates required for this position)

WORK HISTORY

Beginning with your current or most recent employment, list your work experience history for the last 10 years. Attach additional sheets as necessary. COMPLETE THE FOLLOWING SECTIONS EVEN IF YOU ARE SUBMITTING A RESUME IN ADDITION TO THIS APPLICATION. PLEASE NOTE, AN INCOMPLETE APPLICATION MAY DELAY ACTION OR DISQUALIFY YOU.

In evaluating your application, we may contact the employers listed below, unless you indicate those you do not want us to contact and state a reason.

Employer's Name:	From:	To:
Address:	Supervisor:	
Phone:	Hours worked per week:	
Position Title:	Number of employees supervised by you:	
Primary Duties:	May we contact your employer? If no, please state reason:	
Reason for Leaving (if still employed, indicate reason for wanting to leave):		

Employer's Name:	From;	To:
Address:	Supervisor:	
Phone:	Hours worked per week:	
Position Title:	Number of employees supervised by you:	
Primary Duties:	May we contact your employer? (If no, please state reason):	
Reason for Leaving:		

Employer's Name:	From: To:
Address:	Supervisor:
Phone:	Hours worked per week:
Position Title:	Number of employees supervised by you:
Primary Duties:	May we contact your employer? (If no, please state reason):
Reason for Leaving:	

Employer's Name:	From: To:
Address:	Supervisor:
Phone:	Hours worked per week:
Position Title:	Number of employees supervised by you:
Primary Duties:	May we contact your employer? (If no, please state reason):
Reason for Leaving:	

Employer's Name:	From: To:
Address:	Supervisor:
Phone:	Hours worked per week:
Position Title:	Number of employees supervised by you:
Primary Duties:	May we contact your employer? (If no, please state reason):
Reason for Leaving:	

Were you known by a different name by any of the above employers or educational institutions?

YES NO

If yes, please identify the employer or educational institution, and state the name by which you were known:

- 1) _____
- 2) _____
- 3) _____

DRIVERS RECORD REQUIREMENT

For positions requiring a valid Washington State Drivers License, a three-year Employment Driving Record Abstract from the State Department of Licensing is required and must be attached to the completed employment application. **Applications without the abstract will not be considered.** A driving record abstract can be obtained at any State DOL office upon request. A nominal fee, plus your driver's license for identification, is required by the State DOL office.

ACCOMMODATION

If you need accommodation in order to complete or participate in the application or interview process, please notify the District by calling 425-337-3647.

CRIMINAL CONVICTIONS

The Silver Lake Water and Sewer District is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's convictions record as it relates to job performance. A **conviction record will not automatically disqualify you for employment.** Successful applicants will be asked to disclose information about their criminal history in the last ten years, and will be subject to a Criminal Background Check.

EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of the District to provide equal opportunity for employment to all individuals regardless of race, color, religion, sex, national origin, age, veteran status, marital status, political affiliation, sexual orientation, the presence of sensory, mental or physical disability, or other basis prohibited by federal, state, or local law. This policy applies to all areas of employment, including, but not limited to, recruitment, selection, placement, retention and separation. (State Law RCW 49.60 and WAC 162-12-170).

AT-WILL STATUS

I understand that, if employed, I am employed "at-will" and the employment relationship between the District and me can be terminated with or without cause and with or without notice at any time by either the District or me.

TOBACCO AND NICOTINE FREE POLICY

I understand that Silver Lake Water and Sewer District is a tobacco and nicotine free environment within District owned facilities, vehicles, and equipment. The District's policy is to hire only non-smokers, non-vapor users, and non-chewing tobacco users. By signing below, I acknowledge that I currently do not use tobacco and/or nicotine products.

SIGNATURE AND ACKNOWLEDGEMENT

I, the below-signed, make this application as an inducement to this Employer to evaluate my application and to employ me. I have read this completed application, including the Equal Employment Opportunity Statement, and I certify that entries made by me are without omission and are a full, truthful account of my present and past activities. I authorize and give the right to the District to make a thorough, vigorous investigation of all entries made on this form by me and other materials I have provided. Any false or misleading statement or entry on this form and other material I have provided will result in my immediate termination, if I am employed. I agree to prompt payroll deduction of overpayments made to me or amounts owed to the District.

This is a legal document, read it carefully before signing.

Signature:

Date:

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby grant permission for the Silver Lake Water and Sewer District to contact any and all of my prior employers, to inquire about any and all aspects of my current and prior employment. I understand and agree that the Silver Lake Water and Sewer District may ask for, and receive, information regarding my performance, duties, and any other matter in any way related to my current and prior employment. I hereby waive any right I may have, now or in the future, to bring a claim against the Silver Lake Water and Sewer District, its past or present agents, employees, officials, representatives or attorneys, in their individual or official capacities, for any information about which it may inquire or receive from any of my prior employers. I also hereby waive any right I may have, now or in the future, to bring a claim against any of my current and prior employers, as well as their past or present agents, employees, officials, representatives or attorneys, in their individual or official capacities, for any information they may provide to the Silver Lake Water and Sewer District. I acknowledge that this permission and waiver are freely and voluntarily given to Silver Lake Water and Sewer District.

Signature

Printed Name

Date

In accordance with the Immigration and Nationality Act (INA), Section 274a, all new employees must show employment authorization and identity. This will be done by proof of a state driver's license, a social security card, a United States birth certification, or other documentation designated by the attorney general, or documents which will establish both an individual's employment authorization and identity are (1) a United States passport, (2) a certificate of United States citizenship or naturalization, (3) United States citizen identification card (INS issued), (4) an unexpired foreign passport properly endorsed to show work authorization, (5) a resident alien registration receipt card or, (6) an unexpired INS work permit. These verification requirements apply to any person or employer hiring or recruiting any individual for work. This must be done within 3 business days after being hired.

SILVER LAKE WATER AND SEWER DISTRICT

TOBACCO AND NICOTINE FREE POLICY

It is the District's intent to create a tobacco and nicotine-free environment within District-owned facilities, including the District office and maintenance buildings, reservoir sites, vehicles, pump stations, etc.

Smoking is the major preventable cause of premature deaths today, killing 300,000 - 500,000 Americans annually. Nonsmokers, comprising over 70 percent of the adult population in the United States, may be harmed by secondhand or passive smoke. The hazards range from immediate reactions (eye and ear irritations, headaches, breathing difficulties) to long-term serious health effects. Individuals exposed to smoke may develop lung cancer and may lose lung capacity. Additionally, certain District employees may be especially susceptible in a smoke-filled environment due to respiratory disease, heart disease, or allergies.

Chewing tobacco is likewise a cancer causing agent that endangers the health and lives of those who use it. Although chewing tobacco does not pose the same documented "second hand" threats to non-users as smoking, the act of chewing tobacco is unsightly and creates unsanitary, unhealthy, and undesirable waste remnants that may potentially expose non-users to health risks.

E-cigarettes and other vaping products use liquid chemicals, including nicotine. While the long term health risks of E-cigarettes, including second hand exposure, has not been fully researched, the chemicals contained in the concentrated liquid is toxic. In addition, there are reports that the lithium batteries used to power e-cigarettes or vaporizers are exploding, posing a significant risk to people and property.

Additionally, tobacco and nicotine use negatively impacts workplace productivity. It is also likely to have an undesirable refuse effect and the District desires to eliminate the disposal of cigarette butts, chewing tobacco spittle, and other debris from District property, including its sidewalks and common entry ways.

The District's facilities and job sites shall be a "tobacco and nicotine free" environment. No employee or member of the public shall be permitted to smoke, vape with e-cigarettes, or use chewing tobacco products while present upon any District owned facility. This includes all outdoor areas which constitute District property. No employee shall be permitted to use tobacco or nicotine products during work time.

Employees who violate this policy on tobacco or nicotine use shall be subject to discipline, up to and including termination. Employees who observe members of the public violating this policy should immediately report such violation to the District's General Manager or designee.

This policy is one of the most important steps that the District can take to improve its work environment. We rely upon the cooperation of all our employees. The District supports its employees' efforts to quit using tobacco and nicotine products. Certain costs associated with quitting such tobacco and nicotine products may be covered by the District's health care plan(s). Employees seeking to quit their tobacco and nicotine use should see their health care provider for additional information relating to these benefits. The General Manager shall have the authority to review and approve an employee's medical cessation treatment that may include the interim use of tobacco and nicotine products, as proscribed or recommended by an employee's physician.

It shall also be the policy of the District to hire only personnel who do not use tobacco or nicotine products.