



# MUKILTEO WATER AND WASTEWATER DISTRICT

7824 Mukilteo Speedway ▪ P O Box 260 ▪ Mukilteo, WA 98275  
425-355-3355 (fax) 425-348-0645

Date Stamp

**This is a drug free workplace.** All applicants are given a drug test after a conditional offer of employment. No applicant will be hired unless the test results are "negative". Drug testing is a condition of employment.  
**This company is an equal opportunity employer** and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, veteran status, disability status, sexual orientation, or any by federal, state, or local law.

POSITION APPLIED FOR: \_\_\_\_\_  
DATE: \_\_\_\_\_

other basis prohibited

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

OTHER NAMES KNOWN BY: \_\_\_\_\_

ARE YOU OVER THE AGE OF 18? Yes  No

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

MONTHS AT CURRENT ADDRESS: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

ARE YOU A FORMER MWWD EMPLOYEE? Yes  No  DO YOU POSSESS A VALID DRIVER'S LICENSE? Yes  No  Issuing State: \_\_\_\_\_

TYPE OF WORK DESIRED: FULL-TIME  PART-TIME  TEMPORARY  OTHER (specify) \_\_\_\_\_

DID YOU ATTEND SCHOOL UNDER A DIFFERENT NAME? Yes  No  If yes, NAME: \_\_\_\_\_

### EDUCATION:

TYPE OF SCHOOL	SCHOOL & LOCATION	DATES OF ENROLLMENT	MAJOR COURSE	DEGREE/DATE
HIGH SCHOOL OR G.E.D.				
BUSINESS OR TECHNICAL				
UNDERGRADUATE STUDIES				
OTHER COURSES AND TRAINING				

DO YOU PLAN FURTHER EDUCATION: Yes  No  IF YES, STARTING DATE: \_\_\_\_\_

TYPE OF COURSE: \_\_\_\_\_ HOURS ATTENDING: \_\_\_\_\_

PROFESSIONAL LICENSES: First Aid Card  expires \_\_\_\_\_ CPR Card  expires \_\_\_\_\_ CDL Level  expires \_\_\_\_\_

Flagging  expires \_\_\_\_\_ Cross Connection  expires \_\_\_\_\_ Water Distribution Specialist/Manager  expires \_\_\_\_\_

BAT  expires \_\_\_\_\_ Treatment Plant Operator  expires \_\_\_\_\_ Other Licensing: \_\_\_\_\_

GIVE THE NUMBER OF MONTHS EXPERIENCE AND/OR TRAINING IN ANY OF THE FOLLOWING:

Backhoe Use [ ], Heavy Equipment Use [ ], Street Construction [ ], Public Utility Construction [ ], Construction [ ], 10-Key [ ], Multi-Line Phone [ ],

Key Boarding [ ], IT [ ], Postage Equipment [ ], Microsoft Office [ ], Other Software Used: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

OTHER ABILITIES: Multilingual \_\_\_\_\_ Signing Ability

**REFERENCES: (DO NOT LIST RELATIVES)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**WORK HISTORY:** Beginning with your present or most recent employment, list your work history, including Military Service. If you are attaching a resume, please complete only the information below which is not contained in your resume.

EMPLOYER'S NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
ADDRESS \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
PHONE \_\_\_\_\_ HOURS WORKED PER WEEK \_\_\_\_\_ STARTING SALARY \_\_\_\_\_  
POSITION \_\_\_\_\_ LAST SALARY \_\_\_\_\_  
PRIMARY DUTIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF EMPLOYEES SUPERVISED BY YOU \_\_\_\_\_ MAY WE CONTACT YOUR EMPLOYER? Yes  No

REASON FOR LEAVING \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
ADDRESS \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
PHONE \_\_\_\_\_ HOURS WORKED PER WEEK \_\_\_\_\_ STARTING SALARY \_\_\_\_\_  
POSITION \_\_\_\_\_ LAST SALARY \_\_\_\_\_  
PRIMARY DUTIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF EMPLOYEES SUPERVISED BY YOU \_\_\_\_\_ MAY WE CONTACT YOUR EMPLOYER? Yes  No

REASON FOR LEAVING \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
ADDRESS \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
PHONE \_\_\_\_\_ HOURS WORKED PER WEEK \_\_\_\_\_ STARTING SALARY \_\_\_\_\_  
POSITION \_\_\_\_\_ LAST SALARY \_\_\_\_\_  
PRIMARY DUTIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF EMPLOYEES SUPERVISED BY YOU \_\_\_\_\_ MAY WE CONTACT YOUR EMPLOYER? Yes  No

REASON FOR LEAVING \_\_\_\_\_

ARE YOU A UNITED STATES CITIZEN OR CAN YOU PROVIDE PROOF OF A LEGAL RIGHT TO WORK IN THE U. S. AFTER HIRE? Yes  No   
(AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, YOU WILL BE REQUIRED TO PROVIDE ACCEPTABLE DOCUMENTATION PROVING IDENTITY AND AUTHORIZATION TO WORK AT TIME OF HIRE.)

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR RELEASED FROM PRISON WITHIN THE LAST SEVEN (7) YEARS, OR BEEN CONVICTED OF A MISDEMEANOR OTHER THAN MINOR TRAFFIC OFFENSES WITHIN THE PAST THREE (3) YEARS? Yes  No  IF YES, PLEASE EXPLAIN: \_\_\_\_\_

A CONVICTION RECORD WILL NOT DISQUALIFY YOU FOR EMPLOYMENT UNLESS SUCH RECORD WOULD REASONABLY AFFECT YOUR FITNESS FOR THE JOB FOR WHICH YOU HAVE APPLIED.

IF I AM SELECTED AS A FINALIST APPLICANT, I HEREBY AUTHORIZE A MUKILTEO WATER AND WASTEWATER DISTRICT REPRESENTATIVE TO CONDUCT REFERENCE AND BACKGROUND INVESTIGATIONS REGARDING MY WORK AND PERSONAL HISTORY. I FURTHER RELEASE AND HOLD HARMLESS FROM ANY LIABILITY ANY AND ALL POSSIBLE CAUSES OF LEGAL ACTION, MUKILTEO WATER & WASTEWATER DISTRICT AND ALL PERSONS WITH RESPECT TO INFORMATION OBTAINED OR PROVIDED. I ALSO UNDERSTAND AND AGREE THAT THE EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND MAY BE TERMINATED AT ANY TIME WITHOUT CAUSE.

To the best of my knowledge the information herein is true and complete. I further understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal.

**AN INCOMPLETE APPLICATION MAY DELAY ACTION OR DISQUALIFY YOU.**

SIGNATURE

DATE