



Eastsound Sewer Water District
PO Box 640, Eastsound, WA 98245
360-376-2720

2020

EMPLOYMENT APPLICATION

A. APPLICANT INFORMATION

Today's Date _____

Full Name _____
Last First Middle

Address _____
Street Address City State Zip Code

How Long at this Address? _____ If Less than 3 Years Provide Previous Address

Previous Address _____

Home Phone _____ Work Phone _____ Cell# _____

Date of Birth _____

Driver's License No. _____ State _____ Expires _____

CDL Yes No Endorsements _____

Have you been convicted of a crime, pled guilty or been released from prison in the past seven years? Yes No

Date _____ Nature of Offense _____

B. EDUCATION & PROFESSIONAL LICENSES OR CERTIFICATIONS

High School _____ Location _____ GED/ Yes No

Diploma

College _____ Location _____ Year _____

College _____ Location _____ Year _____

College _____ Location _____ Year _____

Certification _____ Expiration _____

License _____ Issuing State _____ Reg. No. _____

License _____ Issuing State _____ Reg. No. _____



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C. PREVIOUS EXPERIENCE

Please list your work history for the previous 10 years, listing the most current first. If more space is needed, please use the back of the form. If more than one position held for the same employer, list those separately.

1. Employer _____ Dates *mm/yy* _____ to _____
 Address _____ Phone _____
 Position _____ Supervisor _____
 Reason for Leaving? _____

2. Employer _____ Dates *mm/yy* _____ to _____
 Address _____ Phone _____
 Position _____ Supervisor _____
 Reason for Leaving? _____

3. Employer _____ Dates *mm/yy* _____ to _____
 Address _____ Phone _____
 Position _____ Supervisor _____
 Reason for Leaving? _____

4. Employer _____ Dates *mm/yy* _____ to _____
 Address _____ Phone _____
 Position _____ Supervisor _____
 Reason for Leaving? _____

D. REFERENCES

List name and phone number of Personal References

1. _____ Phone _____
 2. _____ Phone _____
 3. _____ Phone _____



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E. OTHER INFORMATION Please Attach Your Resume' to this form

F. APPLICANT CERTIFICATION

I have read the job announcement and understand the duties and requirements for this position. I also understand that the provisions of the job announcement and this application do not constitute an expressed or implied contract.

I certify that the statements made by me on the application and supplemental are to the best of my knowledge true, complete and correct. I understand that any misrepresentation or material omission of fact on this or any other document required by the Eastsound Sewer & Water District, (ESWD) may constitute grounds for rejection; or if employed by ESWD, for disciplinary measures, including dismissal. Furthermore, I acknowledge that I have read and understand the statements and hereby grant permission to confirm the information provided by me as may be necessary to arrive at an employment decision.

Signature of Applicant

Today's Date