



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

2024

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 \_\_\_\_\_

**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

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**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