



Spanaway Water Company

P.O. Box 1000 - Spanaway WA 98387-1000
 Phone: (253) 531-9024 Fax: (253) 539-9526

Application for the position of: _____

Date of Application: _____

Name: _____
 Last First Middle

Date Available: _____

Address: _____
 Street Address

 City State Zip

Home Number: _____

Number where you can be reached:

Please indicate which types of employment you are interested in:

Permanent Temporary
 Full Time _____ Full Time _____ Until _____
 Part Time _____ Part Time _____ Until _____

Do you have a :

Valid Driver's License? _____ Valid Class A Commercial License? _____ State? _____ Air Brakes? _____
 Tanker Endorsement? _____

Have you been convicted of a criminal offense?

Date of Offense	Place	Charges	Penalties	A criminal record will not necessarily exclude you from employment. Factors such as age at the time of the offense, rehabilitation efforts and recency and seriousness of the crime will be taken into account. The relationship between the offense and the job will also be weighed.

EDUCATION: Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from High school or complete a GED? _____

Where? _____ When? _____

List any schools beyond high school that you have attended (college, vocational, business).

Name & Location	Dates From:	Attended To:	Credits Earned Sem. Otr.	Major	Type of Degree	Date of Degree

Special skills or qualifications: _____ Served formal apprenticeship? _____

What trade? _____ How long? _____ When? _____ Where? _____

Please list any organizations to which you belong or have belonged and any honors or awards you have received that you regard as relevant to the job or jobs for which you are applying.

WORK EXPERIENCE: Provide a complete description. This information will be used to determine if your application is accepted. Be specific. Start with your most recent job. Include service in the armed forces and any self-employment. For part-time work, show the average number of hours per month. Indicate any changes in job title and duties under the same employer as a separate position.

Present or most recent employer	Kind of Business	Location (City & State)	
Your Title	Reason for Leaving or Considering Leaving	Name and Phone # of Reference	
Your Duties		Total Time Employed: If part time number of hours/month	Full Time Part Time
		From (mo/ & Yr)	To (Mo/ & Yr)
		Salary Beginning	Ending
Employer	Kind of Business	Location (City and State)	
Your Title	Reason for Leaving	Name and Phone # of Reference	
Your Duties		Total Time Employed: If part time number of hours/month	Full Time Part Time
		From (mo/ & Yr)	To (Mo/ & Yr)
		Salary Beginning	Ending
Employer	Kind of Business	Location (City and State)	
Your Title	Reason for Leaving	Name and Phone # of Reference	
Your Duties		Total Time Employed: If part time number of hours/month	Full Time Part Time
		From (mo/ & Yr)	To (Mo/ & Yr)
		Salary Beginning	Ending

Do you have the ability to understand, read, write and speak fluently in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any driving tickets or accidents in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Please Explain:
Do you have two (2) years of experience working in water maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please list which organization and the dates of employment:
Do you have a current State of Washington Water Distribution Manager 1 certificate? Forklift card: first Aid card: Asbestos Pipe certificate: Flagging Card:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" when did you receive license/certificate and when do they expire?
Do you have paid experience in performing inspections, and/or drawing as built?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please list which organization and the dates of employment
Do you have paid experience assisting in the installation, cleaning, maintenance and repairing of water distribution piping?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please list which organization and the dates of employment:
Do you have paid experience installing testing, and repairing: Fire Hydrants: Valves: Water Meters:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please list which organization and the dates of employment:
The work is performed in the field and may include walking, standing, bending, climbing and other physical activities for extended periods of time, are you able to perform these functions with or without accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to attend work regularly and on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work a full time schedule? And Are you available to work overtime if requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the ability to work effectively, cooperatively and respectfully with the public, co-workers and other contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any education or training you have had which is not covered, such as correspondence courses, service schools, in-service training or volunteer work which you feel is relevant to the job for which you are applying. Include licenses or certificates.

References:

Reference Name	Relationship	Phone Number
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Reference Name	Relationship	Phone Number
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Reference Name	Relationship	Phone Number
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MAY WE CONDUCT A PERSONAL BACKGROUND CHECK INCLUDING CONTACT OR YOUR REFERENCES NAMED ABOVE AND REVIEW OTHER RECORDS AS MAY BE REQUIRED FOR SOME POSITIONS?

YES _____ NO _____ IF NO, PLEASE EXPLAIN:

CERTIFICATION STATEMENT

I certify that all answers to questions in this application are true, and I agree that my misstatements or omissions of material fact will cause forfeiture on my part of all right to any employment with the Spanaway Water Company.

Applicant Signature: _____

Date: _____