

Special skills or qualifications: _____ Served formal apprenticeship? _____

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

Backhoe Experience: _____

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

Do you have the ability to understand, read, wrote and speak fluently in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any traffic violations 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 experiece working in water maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please list which organiza- tion 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 li- cense/certificate an when do they expire?
Do you have paid experiece in performing inspections, and/or drawing as built?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please list which organiza- tion and the dates of employment
Do you have paid experiece 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 organiza- tion and the dates of employment:
Do you have paid experiece 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 organiza- tion 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 needed to complete your work duties	<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

Reference Name Relationship Phone Number

Reference Name Relationship Phone Number

MAY WE CONDUCT A PERSONAL BACKGROUND CHECK INCLUDING CONTACT OF YOUR REFERENCES NAMED ABOVE AND REVIEW OTHER RECORDS AS MAY BE REQUIRED FOR SOME POSITIONS?

YES _____ NO _____ IF NO, PLEASE EXPLAIN:

Applicant Signature: _____ Date: _____