

LAKE CHELAN RECLAMATION DISTRICT

APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION DATE

NAME				SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE			
PRESENT ADDRESS					
STREET		CITY	STATE	ZIP	
PERMANENT ADDRESS					
STREET		CITY	STATE	ZIP	
ARE YOU 18 YEARS OR OLDER?		<input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NO.		APARTMENT NO.
EMAIL ADDRESS:					

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? ☐ YES ☐ NO

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START	SALARY DESIRED (REQ'D)
IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
ARE YOU EMPLOYED NOW?		
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE?	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY	<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> OTHER
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALKED IN <input type="checkbox"/> FRIEND

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED?	DID YOU GRADUATE?	SUBJECTS STUDIED	GPA
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
TRADE BUSINESS OR CORRESPONDENCE SCHOOL					

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE

MONTH

LEAVING DATE

YEAR

MONTH

YEAR

HOURLY STARTING SALARY

HOURLY FINAL SALARY

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE

MONTH

LEAVING DATE

YEAR

MONTH

YEAR

HOURLY STARTING SALARY

HOURLY FINAL SALARY

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE

MONTH

LEAVING DATE

YEAR

MONTH

YEAR

HOURLY STARTING SALARY

HOURLY FINAL SALARY

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS THAT WE MAY CONTACT, NOT RELATED TO YOU, WHOM YOU HAVE WORKED WITH (OR FOR) THAT KNOW YOUR WORK SKILLS

NAME	ADDRESS	PHONE NO.	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE

DISCHARGE DATE

PRESENT MEMBERSHIP IN NATIONAL
GUARD OR RESERVESDATE OF OBLIGATION ENDS

SPECIAL QUESTIONS

DO NOT ANSWER **ANY** OF THESE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION. THEREBY INDICATING THAT THE INFORMATION REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

[] HEIGHT: _____ FEET: _____ INCHES: _____

[] ARE YOU ABLE TO PERFORM EACH OF THE FOLLOWING JOB FUNCTIONS WITH OR WITHOUT AN ACCOMMODATION?

[] JOB FUNCTION 1: LIFT 50 LBS. AND CARRY 100 YARDS INCLUDING UP AND DOWN STAIRS YES NO

IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASKS, AND WITH WHAT ACCOMMODATION?

[] JOB FUNCTION 2: YES NO

IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASKS, AND WITH WHAT ACCOMMODATION?

[] WERE YOU EVER SERIOUSLY INJURED? YES NO GIVE DETAILS

[] WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? READ WRITE

[X] HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? [] YES [] NO

EXPLANATION:

[X] YOUR CRIMINAL HISTORY WILL BE CHECKED FOR THIS POSITION. (DOB WILL NOT BE USED IN EVALUATION)

FULL LEGAL NAME:

DATE OF BIRTH:

I UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO TAKE A DRUG AND/OR ALCOHOL TEST OR ONE OR MORE PHYSICAL EXAMINATIONS AS A CONDITION OF HIRING OR CONTINUED EMPLOYMENT. I AGREE TO CONSENT TO TAKE SUCH TEST(S) AT SUCH TIME AS DESIGNATED BY THE DISTRICT AND TO RELEASE THE DISTRICT, ITS DIRECTORS, OFFICERS, AGENTS OR EMPLOYEES FROM ANY CLAIM ARISING IN CONNECTION WITH THE USE OF SUCH TEST(S)

_____ YES _____ NO

AUTHORIZATION

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE DISTRICT'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE DISTRICT'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE DISTRICT. I UNDERSTAND THAT NO DISTRICT REPRESENTATIVE, OTHER THAN IT'S SECRETARY-MANAGER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE SECRETARY-MANAGER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE: _____

SIGNATURE: _____

DO NOT WRITE ON THIS PAGE

FOR INTERVIEWER'S USE

INTERVIEWED BY

DATE

NEATNESS

CHARACTER

PERSONALITY

ABILITY

INTERVIEWED BY

DATE

NEATNESS

CHARACTER

PERSONALITY

ABILITY

INTERVIEWED BY

DATE

NEATNESS

CHARACTER

PERSONALITY

ABILITY

HIRED FOR DEPT.

POSITION

SALARY
WAGES

WILL REPORT

RECOMMENDED

RECOMMENDED

DATE

APPROVED

SECRETARY-MANAGER

DATE

DATE

INTERVIEWER: THE ADDITIONAL INFORMATION THAT MAY BE NECESSARY TO COMPLETE AN APPLICATION'S RECORD CAN BE OBTAINED AFTER HIRING, DURING A POST HIRING INQUIRY.
THIS FORM HAS BEEN DESIGNED TO STRICTLY COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING EMPLOYMENT DISCRIMINATION. THIS APPLICATION FOR EMPLOYMENT FORM IS SOLD FOR GENERAL USE THROUGHOUT THE UNITED STATES. LCRD ASSUMES NO RESPONSIBILITY FOR THE INCLUSION IN SAID FORM OF ANY QUESTIONS WHICH, WHEN ASKED BY THE EMPLOYER OF THE JOB APPLICANT, MAY VIOLATE STATE AND/OR FEDERAL LAW.