

LAKE CHELAN RECLAMATION DISTRICT  
APPLICATION FOR EMPLOYMENT  
(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE

NAME

LAST

FIRST

MIDDLE

ADDRESS

STREET

CITY

STATE

ZIP

ARE YOU 18 YEARS OR OLDER? ☐ YES ☐ NO

PHONE NO.

EMAIL ADDRESS:

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION ☐ 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?

☐ YES

☐ NO

WHEN?

EVER WORKED FOR THIS COMPANY BEFORE?

WHERE?

WHEN?

EDUCATION

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

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING

SPECIAL SKILLS

HOBBIES

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

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NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

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STARTING DATE

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---

MONTH

---

---

YEAR

---

---

LEAVING DATE

---

---

MONTH

---

---

YEAR

---

---

JOB TITLE

---

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MAY WE CONTACT YOUR SUPERVISOR?

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NAME AND TITLE OF SUPERVISOR

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PHONE NO.

---

---

DESCRIPTION OF WORK

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REASON FOR LEAVING

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---

---

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

---

---

STARTING DATE

---

---

MONTH

---

---

YEAR

---

---

LEAVING DATE

---

---

MONTH

---

---

YEAR

---

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JOB TITLE

---

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MAY WE CONTACT YOUR SUPERVISOR?

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NAME AND TITLE OF SUPERVISOR

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PHONE NO.

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DESCRIPTION OF WORK

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REASON FOR LEAVING

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NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

---

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STARTING DATE

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---

MONTH

---

---

YEAR

---

---

LEAVING DATE

---

---

MONTH

---

---

YEAR

---

---

HOURLY STARTING SALARY

---

---

HOURLY FINAL SALARY

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JOB TITLE

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MAY WE CONTACT YOUR SUPERVISOR?

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NAME AND TITLE OF SUPERVISOR

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PHONE NO.

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---

DESCRIPTION OF WORK

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REASON FOR LEAVING

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**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

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NAME	ADDRESS	PHONE NO.	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

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**SERVICE RECORD**

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BRANCH OF SERVICE

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DISCHARGE DATE

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PRESENT MEMBERSHIP IN NATIONAL  
GUARD OR RESERVES

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DATE OF OBLIGATION ENDS

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## 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

[ 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 AM 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

THE ADDITIONAL INFORMATION THAT MAY BE NECESSARY TO COMPLETE AN APPLICATION'S RECORD CAN BE OBTAINED AFTER HIRING, DURING 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.