



LAKE STEVENS SEWER DISTRICT

Serving You Since 1957

1106 Vernon Road • Suite A
Lake Stevens, WA 98258
(425) 334-8588 • Fax (425) 335-5947
Web Address: lkstevenssewer.org

Employment Application

The Lake Stevens Sewer District is an Equal Opportunity Employer

Position:

Date of Application:

Personal Information

Name: _____

Last First M.I.

List any former names: _____

Contact Information: Phone Number Email Address

Address: _____

Street City State Zip Code

Driver's License: License Number State Expiration Date

Date of Birth: _____ (Only if under 18 years of age) _____ Type of Employment Desired _____ Date Available _____

Are you able to work overtime if required? Are you able to work irregular hours?

How did you hear about the position?

Are you legally eligible for employment in the United States? _____

Education

	School	City/State	Major	Degree
High School or GED				
Business or Technical				
Undergraduate Studies				
Graduate Studies				
Other Courses or Training				

Describe your abilities, knowledge and skills that qualify you for this position:

List your licenses or certifications that are applicable to this position:

Work History

Beginning with your most recent employment, list your work experience history for the last 10 years. Attach additional sheets as necessary. Complete the following sections even if you are submitting a resume in addition to this application. Please note, an incomplete application may delay or disqualify you. In evaluating your application, we may contact the employers listed below unless you indicate those you do not want us to contact and state a reason.

Employer's Name: _____ From: _____ To: _____
Address: _____ Supervisor: _____
Phone: _____ Work Schedule: _____
Position Title: _____ # of employees supervised by you: _____
Duties: _____

May we contact your employer? If not, why?

Reason for Leaving (if still employed, indicate reason for wanting to leave):

Work History (continued)

Employer's Name: _____ From: _____ To: _____
Address: _____ Supervisor: _____
Phone: _____ Work Schedule: _____
Position Title: _____ # of employees supervised by you: _____
Duties: _____

May we contact your employer? If not, why?

Reason for Leaving (if still employed, indicate reason for wanting to leave):

Employer's Name: _____ From: _____ To: _____
Address: _____ Supervisor: _____
Phone: _____ Work Schedule: _____
Position Title: _____ # of employees supervised by you: _____
Duties: _____

May we contact your employer? If not, why?

Reason for Leaving (if still employed, indicate reason for wanting to leave):

U.S. Military Service

From _____ To _____

Branch of Service

Dates of Service

Signature and Authorization

I authorize the Lake Stevens Sewer District to make a thorough investigation of all entries made on this application and on any resumes or certifications that I have provided. I certify that the statements contained herein are truthful to the best of my knowledge, and that any false or misleading information in this form or other material I have provided will result in termination if I am employed. I understand and acknowledge that I will be subject to a pre-employment criminal background check and a drug test.

Signature

Date