



2924 SE Lund Avenue, Port Orchard, WA 98366

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[employment@wsud.us](mailto:employment@wsud.us)

## EMPLOYMENT APPLICATION

**EQUAL OPPORTUNITY:** West Sound Utility District, is an equal opportunity employer. WSUD hires, train and promote without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, sexual orientation or disability or any other category protected by federal, state, or local law or authority. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement.

**INSTRUCTIONS:** Print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave any items blank. If an item does not apply, write "N/A" (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, include your name, the position title for which you are applying, and the specific section of this application form that you are continuing to an additional page. You may also attach copies of résumés, documents or certificates which support your application. All materials submitted become the property of WSUD and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Failure to follow these instructions, initial this paragraph and sign this application will be cause for rejection of the application. Illegible or incomplete applications may be rejected. Exaggerated, false or misleading statements may result in rejection of the application and/or termination of employment.

MY INITIALS AT THE END OF THIS SENTENCE IN THE BLANK PROVIDED AFFIRM THAT I HAVE READ AND UNDERSTAND THE FOREGOING INSTRUCTIONS. \_\_\_\_\_

### PERSONAL INFORMATION

LAST NAME	FIRST	M.I.	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN		
COMPLETE MAILING ADDRESS (Street, City, State, Zip)					
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER ( )	ALTERNATE NO. WHERE YOU MAY BE REACHED ( )			
ARE YOU 18 YEARS OF AGE OR OLDER?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF OFFERED EMPLOYMENT, CAN YOU PROVIDE PROOF OF A LEGAL RIGHT TO WORK IN THE UNITED STATES?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH WEST SOUND UTILITY DISTRICT?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY WEST SOUND UTILITY DISTRICT? IF YES, COMPLETE THE FOLLOWING INFORMATION:				YES <input type="checkbox"/>	NO <input type="checkbox"/>
JOB TITLE/DEPARTMENT	DATES FROM:	TO:			
LIST ANY RELATIVES WHO ARE EMPLOYED BY WEST SOUND UTILITY DISTRICT.					
NAME		JOB TITLE/DEPARTMENT			

**DRIVER'S LICENSE:** If the position for which you are applying will require you to operate a vehicle: (1) You must possess a valid driver's license. (2) Any special endorsements must be current and valid. (3) If you are offered employment by West Sound Utility District, and if your driver's license is from another state you will be required as a condition of employment to obtain a valid Washington State Driver's License before you can begin work.

NUMBER	STATE	EXPIRATION DATE	CLASSIFICATION		
DO YOU AUTHORIZE WEST SOUND UTILITY DISTRICT TO INVESTIGATE YOUR DRIVING RECORD? IF YES, THE DISTRICT MAY, AT ITS DISCRETION, OBTAIN AN ABSTRACT OF YOUR DRIVING RECORD FROM THE APPLICABLE DEPARTMENT OF DRIVERS LICENSING				YES <input type="checkbox"/>	NO <input type="checkbox"/>

## EMPLOYMENT DESIRED

POSITION OR TYPE OF WORK FOR WHICH YOU ARE APPLYING:		
HOW DID YOU LEARN ABOUT THE POSITION FOR WHICH YOU ARE APPLYING?		
IF PART TIME, SPECIFY DAYS & HOURS PER WEEK		
WHAT IS YOUR MINIMUM SALARY REQUIREMENT?	PER	DATE AVAILABEL FOR WORK:
DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US? SPECIFY COMMITMENTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**EDUCATION:** Educational qualifications are subject to verification. If an offer of employment is made, you may be asked to provide dates of attendance to facilitate verification.

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WHAT POST SECONDARY DEGREE(S) DO YOU HOLD?		
MAJOR/MINOR DEGREE, FIELD OR PROGRAM OF STUDY		
NAME AND LOCATION OF COLLEGES OR UNIVERSITIES ATTENDED		

## MILITARY SERVICE

DATES OF U.S. MILITARY SERVICE				BRANCH OF SERVICE	
FROM		TO		DID YOU RECEIVE AN HONORABLE DISCHARGE? YES <input type="checkbox"/> NO <input type="checkbox"/> COMMENTS, IF ANY?	
MONTH	YEAR	MONTH	YEAR		
LIST ANY SPECIALIZED TRAINING RECEIVED IN THE UNITED STATES MILITARY THAT IS APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING.					
OPTIONAL. LIST ANY OTHER EDUCATION, TRAINING, OR WORK EXPERIENCE IN THE ARMED FORCES OF THE UNITED STATES THAT RELATES TO THE POSITION FOR WHICH YOU ARE APPLYING.					

## EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER REGARDING YOUR RECORD OF EMPLOYMENT?						
<b>(JOB 1) PRESENT OR MOST RECENT JOB</b>				<b>COMPANY NAME</b>		
FROM		TO		TOTAL TIME		ADDRESS
MO.	YR.	MO.	YR.	YRS.	MOS.	
						TELEPHONE NUMBER
						YOUR JOB TITLE
HOURS PER WEEK				SUPERVISOR'S NAME & TITLE		
STARTING SALARY \$ _____ PER _____				REASON FOR LEAVING POSITION		
LAST SALARY \$ _____ PER _____						
SPECIFIC DUTIES						
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)						

<b>(JOB 2) PREVIOUS JOB</b>						<b>COMPANY NAME</b>	
FROM		TO		TOTAL TIME		ADDRESS	
MO.	YR.	MO.	YR.	YRS.	MOS.		
						TELEPHONE NUMBER	
						YOUR JOB TITLE	
HOURS PER WEEK						SUPERVISOR'S NAME & TITLE	
STARTING SALARY \$ _____ PER _____						REASON FOR LEAVING POSITION	
LAST SALARY \$ _____ PER _____							
SPECIFIC DUTIES							
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)							

<b>(JOB 3) PREVIOUS JOB</b>						<b>COMPANY NAME</b>	
FROM		TO		TOTAL TIME		ADDRESS	
MO.	YR.	MO.	YR.	YRS.	MOS.		
						TELEPHONE NUMBER	
						YOUR JOB TITLE	
HOURS PER WEEK						SUPERVISOR'S NAME & TITLE	
STARTING SALARY \$ _____ PER _____						REASON FOR LEAVING POSITION	
LAST SALARY \$ _____ PER _____							
SPECIFIC DUTIES							
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)							

<b>(JOB 4) PREVIOUS JOB</b>						<b>COMPANY NAME</b>	
FROM		TO		TOTAL TIME		ADDRESS	
MO.	YR.	MO.	YR.	YRS.	MOS.		
						TELEPHONE NUMBER	
						YOUR JOB TITLE	
HOURS PER WEEK						SUPERVISOR'S NAME & TITLE	
STARTING SALARY \$ _____ PER _____						REASON FOR LEAVING POSITION	
LAST SALARY \$ _____ PER _____							
SPECIFIC DUTIES							
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)							

**MISCELLANEOUS INFORMATION**

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PHYSICAL EXAMINATION IF REQUIRED AS A BONA FIDE OCCUPATIONAL JOB QUALIFICATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT DRUG SCREENING TEST IF REQUIRED AS A BONA FIDE OCCUPATIONAL QUALIFICATION AND BY PUBLIC SAFETY INTERESTS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CAN YOU PERFORM THE BONA FIDE OCCUPATIONAL QUALIFICATIONS OF THE JOB YOU HAVE APPLIED FOR (WITH OR WITHOUT ACCOMMODATION)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

WITHIN THE LAST TEN YEARS, HAVE YOU BEEN CONVICTED OR IMPRISONED FOR ANY CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS) THAT COULD RELATE TO THE JOB DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING? A "YES" REPLY DOES NOT AUTOMATICALLY DISQUALIFY YOU.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WITHIN THE LAST TEN YEARS, HAVE YOU BEEN ARRESTED FOR ANY CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS) THAT INVOLVES BEHAVIOR THAT COULD ADVERSELY AFFECT YOUR JOB PERFORMANCE? A "YES" REPLY DOES NOT AUTOMATICALLY DISQUALIFY YOU.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YOU ANSWERED YES TO THE FOREGOING QUESTION, PLEASE STATE WHETHER: (1) THE CHARGES ARE STILL PENDING OR HAVE BEEN DISMISSED AND (2) THE CHARGES LED TO A CONVICTION OF A CRIME INVOLVING BEHAVIOR THAT COULD ADVERSELY AFFECT JOB PERFORMANCE.		

**PROFESSIONAL REFERENCES:** List three professional or business references who are not your relatives or employees of West Sound Utility District. State the nature of your business relationship (i.e., co-worker, supervisor, associate)

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

**PERSONAL REFERENCES:** List three personal references who are not your relatives or employees of West Sound Utility District. State the nature of your relationship (i.e., friend, landlord, etc.)

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

**IMPORTANT: READ EACH SECTION BELOW CAREFULLY AND COMPLETELY. IF YOU DO NOT UNDERSTAND ANY PORTION OF THE STATEMENTS BELOW, ASK FOR CLARIFICATION. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND EACH OF THE PROVISIONS LISTED AND THAT YOU AGREE TO ABIDE BY THE CONDITIONS STATED THEREIN.**

**NOTICE TO PERSONS WITH DISABILITIES: APPLICANTS THAT REQUIRE A REASONABLE ACCOMODATION TO COMPLETE THIS APPLICATION, TESTING, OR THE INTERVIEW PROCESS, SHOULD CONTACT THE DISTRICT'S HUMAN RESOURCES DEPARTMENT AT 360-876-4545 AND ADVISE AS TO WHAT ACCOMODATION IS NEEDED. THE DISTRICT WILL THEN WORK WITH THE APPLICANT TO PROVIDE AN APPROPRIATE REASONABLE ACCOMODATION, IF APPLICABLE.**

**HOW TO APPLY:** APPLICATIONS FOR EMPLOYMENT SHOULD BE SUBMITTED ON OFFICIAL APPLICATION FORMS TO WEST SOUND UTILITY DISTRICT AT THE ADDRESS SHOWN ON PAGE 1 OF THIS APPLICATION FORM. SUBMIT ONE APPLICATION FOR EACH POSITION. IT IS YOUR RESPONSIBILITY TO KEEP YOUR APPLICATION UP TO DATE. AN APPLICATION WILL BE REJECTED WHICH IS RECEIVED UNSIGNED, INCOMPLETE, OR AFTER THE CLOSING DATE SPECIFIED ON THE JOB ANNOUNCEMENT.

**EXAMINATION PROCEDURE:** YOU WILL BE NOTIFIED WITHIN APPROXIMATELY FOUR WEEKS OF THE CLOSING DATE OF THE JOB ANNOUNCEMENT REGARDING ANY TESTING PROCEDURES WHICH MAY BE INVOLVED IN THE HIRING PROCESS. ANY PART OF THE ANNOUNCED EXAMINATION MAY BE ELIMINATED IF THERE IS AN INSUFFICIENT NUMBER OF APPLICANTS TO JUSTIFY GIVING THE COMPLETE EXAMINATION.

**PRE-EMPLOYMENT MEDICAL EXAMINATION:** APPLICANTS WHO RECEIVE A CONDITIONAL OFFER OF EMPLOYMENT MAY BE REQUIRED TO PASS A MEDICAL EXAMINATION GIVEN BY A PHYSICIAN DESIGNATED BY WEST SOUND UTILITY DISTRICT, IF REQUIRED BY A BONA FIDE OCCUPATIONAL QUALIFICATION AND BUSINESS NECESSITY.

**PAY PLAN:** NEW EMPLOYEES ORDINARILY START AT THE MINIMUM RATE IN THE SALARY RANGE. THE DISTRICT, HOWEVER, RESERVES THE DISCRETION TO ALTER STARTING PAY AS DEEMED APPROPRIATE IN ITS SOLE DISCRETION.

**PROBATIONARY PERIOD:** EMPLOYEES SERVE A PROBATIONARY PERIOD AS DETERMINED BY DISTRICT POLICY. TERMINATION OF EMPLOYMENT DURING THE PROBATIONARY PERIOD MAY BE WITH OR WITHOUT CAUSE AT ANY TIME AND IS NOT SUBJECT TO ANY APPEAL PROCESS NOR THE GRIEVANCE PROCEDURE.

**DRUG POLICY:** IT IS THE POLICY OF WEST SOUND UTILITY DISTRICT TO MAINTAIN A DRUG FREE WORKPLACE. EMPLOYEES WHO ARE IN POSSESSION OF OR USING CONTROLLED SUBSTANCES (DRUGS) WILL BE TERMINATED AND MAY HAVE CRIMINAL ACTIONS

FILED AGAINST THEM. EMPLOYEES IN CERTAIN POSITIONS ARE SUBJECT TO FEDERAL LAWS REQUIRING PRE-EMPLOYMENT, POST-ACCIDENT, AND RANDOM DRUG TESTING.

**AGREEMENT:** I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION ON THIS APPLICATION MAY RESULT IN DENIAL OF EMPLOYMENT, OR, IF HIRED, TERMINATION OF EMPLOYMENT. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE WEST SOUND UTILITY DISTRICT ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION, INCLUDING MY EMPLOYMENT OR ACADEMIC HISTORY, QUALIFICATIONS AND ABILITIES. I AUTHORIZE WSUD TO REQUEST AND RECEIVE SUCH INFORMATION, INCLUDING RECEIPT OF MY ACTUAL RECORDS OR OTHER DOCUMENTS.

I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON THAT IS NOT VIOLATIVE OF LAW, AT THE DISCRETION OF EITHER WSUD OR MYSELF. I UNDERSTAND THAT NO WSUD OFFICIAL OTHER THAN WSUD'S GENERAL MANAGER OR HIS/HER DESIGNEE HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR MAKE ANY ORAL ASSURANCE OR PROMISE OF CONTINUED EMPLOYMENT OR OF SPECIFIC TREATMENT IN SPECIFIC CIRCUMSTANCES.

I AGREE TO COMPLY WITH WSUD RULES, REGULATIONS AND POLICIES, AND ACKNOWLEDGE THAT THESE RULES, REGULATIONS AND POLICIES MAY BE UNILATERALLY CHANGED, MODIFIED, INTERPRETED, WITHDRAWN OR SUPPLEMENTED ANY TIME AND WITHOUT PRIOR NOTICE TO ME.

I UNDERSTAND THAT THIS APPLICATION AND ANY OTHER DOCUMENTS WHICH I MAY RECEIVE ARE NOT CONTRACTS OF EMPLOYMENT AND SHOULD NOT BE CONSTRUED AS SUCH.

**RELEASE:** I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY, ACADEMIC INSTITUTION OR OTHER ENTITY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, KNOWN OR UNKOWN, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BY VIRTUE OF THAT PERSON, CORPORATION, COMPANY, ACADEMIC INSTITUTION, OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY RESPOND TO THE INVESTIGATION, INQUIRY OR INTERESTS OF WEST SOUND UTILITY DISTRICT TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

In Case of Emergency Notify

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone No. ( ) - \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE-OFFICE USE ONLY

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

REMARKS: \_\_\_\_\_

Hired Yes / No    Division    Position    Will Report    Salary \$

Resolution No. \_\_\_\_\_