

**MANCHESTER WATER DISTRICT**  
**8185 E. Daniels Loop, Suite 111**  
**PO Box 98**  
**Manchester, WA 98353-0098**  
**360-871-0500 FAX: 360-871-0455**

**APPLICATION FOR EMPLOYMENT – AN EQUAL OPPORTUNITY EMPLOYER**

Manchester Water District maintains a policy of treating all employees and applicants for employment without regard to race, color, creed, religion, national origin, gender, age, disability, marital status, veteran status, sexual orientation, or affectional preference, citizenship or any other characteristic protected by law in all employment decisions, including but not limited to recruitment, hiring, compensation, training, apprenticeship, promotion, upgrading, demotion, transfer, lay-off, termination and all other terms and conditions of employment.

Last Name: _____			First: _____			Middle: _____		
Street Address: _____								
City: _____			State: _____			Zip Code: _____		
How long have you lived here?: _____								
Telephone: _____			Cell Phone: _____			Email: _____		
Do you have a Driver's License?: _____								
Do you have a Commercial Driver's License (CDL)?: _____								
If Yes, List Class & Endorsements?: _____								
Please list previous addresses for the last 10 years:								
1. _____								
2. _____								
3. _____								
Languages Spoken Fluently (if relevant to the position for which you are applying):								
1. _____ 2. _____ 3. _____								
Position Applying For: _____ Date Available: _____								
Are you presently employed? Yes ___ No ___								
If yes, may we contact your present employer? Yes ___ No ___								
How did you hear of the job opening for which you are applying:								
<input type="checkbox"/> On-Line Search <input type="checkbox"/> Newspaper <input type="checkbox"/> Friends/Relatives <input type="checkbox"/> Other _____								

Were you ever previously employed by the Manchester Water District? Yes \_\_\_ No \_\_\_

From When: \_\_\_\_\_ To: \_\_\_\_\_

---

Do you currently have unrestricted work authorization allowing you to accept employment in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

---

In the event of an emergency, whom may we contact?

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

---

Are you willing to work evenings? Yes \_\_\_ No \_\_\_

Are you willing to work Weekends? Yes \_\_\_ No \_\_\_

---

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

---

Can you, with or without reasonable accommodation, perform the essential functions of the position in which you are interested? **(See Job Description for Desired Minimum Qualifications)** Yes \_\_\_ No \_\_\_

---

Have you ever been convicted of a crime in the last 10-years that would adversely affect or prohibit yourself from performing any duties as described in the job description? No \_\_\_ Yes \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE: A CONVICTION RECORD WILL NOT NECESSARILY BE AN EXCLUSION FROM EMPLOYMENT**

**EDUCATIONAL BACKGROUND**

Level	Name and Address of School	Course of Study	Circle last Year Completed	Did you Graduate?	List Diploma or Degree
High School					
Technical or Business			1 2 3 4		
College			1 2 3 4		
Graduate			1 2 3 4		

**EMPLOYMENT HISTORY – START WITH PRESENT AND ATTACH ADDITIONAL SHEETS IF NECESSARY.  
PLEASE ACCOUNT FOR ANY GAPS IN EMPLOYMENT**

Name:		Position/Title:		
Address:		Duties:		
Type of Business:		Phone Number:		
From (Mo./Yr.)	To (Mo./Yr.)	Supervisor	May we contact?	Reason for Leaving?

Name:		Position/Title:		
Address:		Duties:		
Type of Business:		Phone Number:		
From (Mo./Yr.)	To (Mo./Yr.)	Supervisor	May we contact?	Reason for Leaving?

Name:		Position/Title:		
Address:		Duties:		
Type of Business:		Phone Number:		
From (Mo./Yr.)	To (Mo./Yr.)	Supervisor	May we contact?	Reason for Leaving?

**MILITARY RECORD**

Were you in the U.S. Armed Forces? No \_\_\_\_\_ Yes \_\_\_\_\_ Branch: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

List duties in service, including special training: \_\_\_\_\_  
\_\_\_\_\_

I certify that the facts contained in this application (and resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation of this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the District.

I understand that an employment offer is conditioned on a background check. I authorize the District to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the District, without giving me prior notice of such disclosure. In addition, I release the District, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

**I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed terms, any may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the District. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the District unless made in writing.**

If I am offered employment, I agree to submit to a medical examination and drug/alcohol testing before starting work. If employed, I also agree to submit to a medical examination or drug/alcohol screening at any time deemed appropriate by the District and as permitted by law. I consent to such examinations and tests, and I request that the examination doctor disclose to the District the results of the examination, which results shall remain confidential. If I am hired, I understand that my employment or continued employment, to the extent permitted by law, is contingent upon adherence to the District's Drug and Alcohol Policy.

I understand that this application is only valid for the position applied for at present and that the Manchester Water District is not obligated to retain or consider this application for future openings. If hired, I agree to abide by all District work rules, policies and procedures. The District retains the right to revise its policies or procedures, in whole or in part, at any time.

**Applicant Signature:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Personnel Use Only**

Interview ( )Yes ( )No Interview Date: \_\_\_\_\_

Interviewers: \_\_\_\_\_