

Spanaway Water Company PO Box 1000 | 18413 B Street East Spanaway, WA 98387 253-531-9024 PH 253-539-9526 FX www.spanaway-water.org

Employment Application

Applicant Information							
Full Name:					Date:		
	Last	First		М.І.			
Address:	Street Address				Apartm	nent/Unit #	
	City			State	ZIP Co	de	
Phone:			Email				
	Date Available:		Desired Salary:	\$			
Position App	blied for:						
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO If no, are you authorized to work in the U.S.?				NO			
Do you have	e a valid driver's license?	YES N		commercial licens	se?	YES	NO
If you have a	a commercial license which stat	e is it issued	d in? A	ir brakes Ta	ınker Endorse	ment	
Have you ev	ver worked for this company?	YES N					
Have you ev	ver been convicted of a felony?	YES N					
Special skills or qualifications: Served formal apprenticeship?							
What trade?	,		How long?_	When?	Where	?	
Please list a	perience: iny organizations to which you bas relevant to the job or jobs for	elong or ha	ve belonged and a		rds you have	received	that
you regard a	as relevant to the job of jobs for	willon you a	πο αρριγπια.				

Do you have experience working in water maintenance?	Yes No	
	If "Yes" please list which organization	
	and the dates of employment:	
Do you have a current State of Washington Water Distribution Manager 1 certificate?	Yes No	
First Aid card:	Yes No	
Asbestos Pipe certificate:	Yes No	
Flagging Card	Yes No	
	If "Yes" when did you receive license/certificate and when do they expire?	
Do you have paid experience in performing inspections, and/or drawing as builts?	Yes No	
	If "Yes" please list which organization and the dates of employment	
Do you have paid experience assisting in the installation, maintenance and repairing of water	Yes No	
distribution piping?	If "Yes" please list which organization and the dates of employment:	
Do you have paid experience installing, testing, and repairing:		
Fire Hydrants:	Yes No	
Valves:	Yes No	
Water Meters:	Yes No	
	If "Yes" please list which organization	
	and the dates of employment:	
The work is performed in the field and may include walking, standing, bending, climbing and other physical activities for extended periods of time, are you able to perform these functions?	Yes No	
Education		
High School: Address:		
YES NO From: To: Did you graduate? □ □ Diploma::		
College: Address:		
From: To: Did you graduate? ☐ ☐ Degree:		
Other: Address:		
YES NO From: To: Did you graduate? □ □ Degree:		

References					
Please list three professional references.					
Full Name:			Relationship:		
Company:			Phone:		
Address:					
Full Name:			Relationship:		
Company:			Phone:		
Address:					
Full Name:			Relationship:		
Company:					
Address:					
Previous	s Employme	ent	_		
Company:			Phone:		
Address:			Supervisor:		
Job Title:					
Responsibilities:					
From: To:	Reason fo	or Leaving	<u>:</u>		
May we contact your previous supervisor for a reference	YES ?	NO			
Company:			Phone:		
Address:			Supervisor:		
Job Title:			_		
Responsibilities:					
From: To:	Reason fo	or Leaving	:		
May we contact your previous supervisor for a reference	YES ? 🗆	NO			

Previous Employment Continued					
Company:	Phone:				
Address:	Supervisor:				
Job Title:	<u> </u>				
Responsibilities:					
From: To:	Reason for Leaving:				
May we contact your previous supervisor for a reference?	YES NO				
Military	Service				
Branch:	From: To:				
Rank at Discharge:	Type of Discharge:				
If other than honorable, explain:					
Disclaimer a	nd Signature				
May we conduct a personal background check including application and review other records as may be required YES NO	contacting your personal references named in this				
I certify that my answers are true and complete to the beau	st of my knowledge.				
If this application leads to employment, I understand that interview may result in my release.	false or misleading information in my application or				
Signature:	Date:				