

Application for Employment

The Cross Valley Water District is dedicated to equal employment opportunities. It provides equal employment opportunities without regard to race, sex, color, creed, national origin, religion, age, marital status, sexual orientation, mental or physical disability, veteran's status or any other legally protected status. This policy applies to all terms and condition of employment, including but not limited to hiring, placement, promotion, termination, reduction in force, transfer, leaves of absence, compensation and training. We comply with all applicable federal, state and local laws that prohibit discrimination in employment. **Please let us know if you need an accommodation(s) in order to participate in the application process.**

The Cross Valley Water District is also a smoke, drug and alcohol free workplace. Applicants who are offered employment in a safety-sensitive position with the District will be required to submit to a post-offer, pre-employment drug and alcohol test, and the offer of employment is expressly conditioned upon the applicant's "negative" test results. Applicants who are offered employment is conditioned on a background check.

Position Applying for: _____

Date: _____

GENERAL INFORMATION

Legal Name: _____
 Last First Middle

Address: _____
 Street City Zip Code

Primary Phone: _____ Alternative Phone: _____

Email Address: _____

Are you over 18 years of age?	Yes	No
Have you ever been employed by Cross Valley Water District in the past?	Yes	No
Are you related to a current employee? (Relationship)	Yes	No
Are you legally eligible for employment in the United States?	Yes	No
Do you possess or can obtain a Washington State Driver's License?	Yes	No
If offered a position at CVWD are you able to provide documentation of the above?	Yes	No

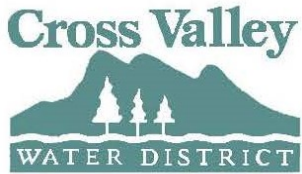
EDUCATION

	Institution Name / Location	Degree Obtained
High School Graduate or GED		
College / University		
Technical School		
Certifications		
Other		
If offered a position at CVWD are you able to provide documentation of your education?		Yes No

EMPLOYMENT

Starting with the most recent employment, please list your work history. (Please use additional sheets if necessary)

Name: _____		Supervisor: _____	
Address: _____		Phone: _____	
Position: _____	Number of Months/Years Worked At: _____	Hours worked: _____	
Duties / Responsibilities: 			



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 SNOHOMISH, WA 98296
 (360) 668-6766
 www.crossvalleywater.net

Name:		Supervisor:	
Address:		Phone:	
Position:	Number of Months/Years Worked At:	Hours worked:	
Duties / Responsibilities:			

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Address:		Phone:	
Position:	Number of Months/Years Worked At:	Hours worked:	
Duties / Responsibilities:			

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Address:		Phone:	
Position:	Number of Months/Years Worked At:	Hours worked:	
Duties / Responsibilities:			

If offered a position at CVWD may we contact your current and/or former employers? Yes No

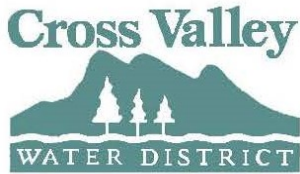
ADDITIONAL SKILLS, QUALIFICATIONS OR EXPERIENCE

(Please describe / list any additional job related skills, education, licenses, certifications, etc. that pertain to the position applying for not listed above)

REFERENCES

Please list four references unrelated to you (employers, supervisors, coworkers, business associates, etc.).

Name	Occupation	Address	Contact Number



Application for Employment

Please Read Carefully

I have completed all the applicable questions and declare all the information to be true and correct. I authorize the District to solicit information involving my character, previous employment, education and similar background information, and to contact any and all of my former employers and references I have given on my application. I hereby release anyone connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release the District from any liability for future references it may provide regarding my work history with the District. Notwithstanding the foregoing, I understand that the District shall not make any inquiries into my salary history. Further, this waiver does not permit the release or use of medical information in a manner prohibited by the Americans with Disabilities Act and other relevant federal and state laws.

It is understood and agreed that any misrepresentation or omission by me on this application or in interview(s) will result in my disqualification from consideration of employment with the District and shall be cause for the termination of my employment from Cross Valley Water District, if I am hired.

If I accept a position with the District I agree to comply with all of the policies and procedures of Cross Valley Water District, and prior to my final paycheck, should I leave the District's employ, if I am hired, I agree to return all District property issued to me. I further agree that if the District advances any paid leave before it is accrued, or advances any wages or loans me any money during the course of my employment, or if I lose, damage or fail to return any District property, the District is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

I understand that if hired, the length of my employment is not guaranteed. Recognizing that I will be free to terminate my employment at any time, with or without cause, I acknowledge that Cross Valley Water District will be free to terminate my employment at any time, with or without cause, and that my at-will employment with the District cannot be altered, either orally or in writing, by anyone.

In accordance with the Immigration Reform and Control Act of 1986, each new District employee shall be required to complete a Form I-9, confirming the employee's employment eligibility, and to produce acceptable original documents (as listed by the Department of Homeland Security) verifying the employee's identity and employment eligibility.

Signature _____

Date _____