



East Wenatchee Water District

(509) 884-3569 • 455 6th Street NE • East Wenatchee, WA 98802

PDF Form Instructions

When completing a PDF form that requires a signature or attachments, please follow these instructions:

- Complete the form on your computer
- Print your document single-sided on plain white, letter sized paper (8 ½ x 11)
- Sign and date if requested
- Email the signed document to ewwdonline@ewwd.org

You may also mail the document and any required attachments to the following address.

**East Wenatchee Water District
Attn: Form Processing Dept
455 6th Street NE
East Wenatchee, WA 98802**

If you have any questions about these instructions, please contact us for further assistance.

Email: ewwdonline@ewwd.org

Phone: 509-884-3569 (7:00am-5:30pm Mon-Thu)



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Application for Employment

This application must be submitted with a resume and cover letter.

Date _____ Email _____

Name _____ SSN _____

Present Address _____

City _____ State _____ Zip _____

Phone # _____ Cell # _____

I am 18 years old or older.

I am NOT prevented from lawfully becoming employed in this country because of visa or immigration status.

I am available to work anytime, seven days a week, 24 hours a day.

Desired Employment

Position _____ Date available _____ Salary _____

Referred by _____

I am currently employed. If so, with whom? _____

I have applied to this company before. If so, where/when? _____

I have the following certifications / licenses:

CDL Class A WDM 1 Cross Connection Control

General

Specific skills _____

Subjects of special interest _____

Activities, Civil, Athletic, etc. _____

Military Service - rank, etc. _____



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Education

	Name/Location	Graduated?	Primary Subjects
High School		<input type="checkbox"/>	
College / University		<input type="checkbox"/>	
Trade / Business School		<input type="checkbox"/>	

Former Employers

List your last three employers, beginning with the most recent.

Month/Year	Name/Address	Salary	Position	Reason for Leaving
From To				
From To				
From To				

References

Give the names of three persons not related to you, whom you have known for at least one year.

Name / Address	Business	Years Acquainted	Phone



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Name / Address	Business	Years Acquainted	Phone

I approve the district to do a criminal background check and hold the district harmless of the findings.

Signature of Applicant (*regarding background check*)

Date

In case of emergency notify:

Name

Address

Phone

I certify that all the information submitted by me on this application is true and complete.

I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's discretion. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement for employment for any specific period of time, or to make any agreement to the foregoing.

Signature of Applicant (*regarding information submitted*)

Date