

Employment Application KITTITAS RECLAMATION DISTRICT

Please Print or Type using Blue or Black Ink

Position Desired	
------------------	--

Name	E-mail Address
------	----------------

(Last) (First) (Middle)

Residence Address	Home Phone
Street City State Zip Code	Work Phone

Mailing Address (if different than residence)	Alternate/Message/Cell Phone
Street City State Zip Code	

Criminal Convictions – Have you been convicted of any violation of the law or released from prison or jail within the seven (7) years prior to submitting this application? Yes No

If yes, list conviction(s), date(s) and sentence(s). (DUI / DWI's and moving traffic violations must be listed.) If more space is needed, provide an attachment.

NOTE: Applicants must list any unconditional pardons, suspended imposition of sentences (SIS) or any other conviction set aside by court order.

Are you at least 18 years of age? Yes No **Do you have a legal right to accept employment in the United States?** Yes No

Are you able to perform the essential functions of this job with or without an accommodation? Yes No
(Do not indicate that an accommodation may be needed)

Have you ever tested positive or refused to take a DOT drug test for a position for which you were not hired: Yes No

Do you have a current Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	If CDL, Indicate Class	List CDL endorsements	List Restrictions
Do you have a current CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Education

Do you have a High School Diploma or GED Certificate? Yes

Name of High School Attended	City/State
------------------------------	------------

College, University or Graduate Schools (if more space is needed, provide an attachment)

Name and Location of School	Dates attended	Total Credit Hours		Major/Minor or Subjects Taken	Degree and Year Received
		Semester	Quarter		
	From: To:				
	From: To:				

Technical or Vocational Schools

Name and Location of School	Dates attended	Total Course Hours	Course Study	Degree Received	Year Received
	From: To:				
	From: To:				

List Current Professional Licenses, Certificates and/or Registrations	Expiration Date:
--	-------------------------

Name _____

Employment History

Describe your work history for the last **10 years** beginning with your current or most recent position/job. Include volunteer and military experience, including military rank. If necessary, use additional pages. A resume may be attached but will not substitute for the required Employment History information. Failure to provide complete and accurate information regarding each job held, including providing misleading or false information, may result in disqualification for the position or termination upon discovery.

EXPLAIN ALL GAPS IN EMPLOYMENT LONGER THAN 3 MONTHS.

Official Job Title	Name/Title of Supervisor		Supervisor's Phone Number
Company Name and City/State of Employer	Ending Pay Per/Hr	Employment Dates (List Month and year)	Reason for Leaving
	Hours per week	From: To:	

Duties/Responsibilities

Official Job Title	Name/Title of Supervisor		Supervisor's Phone Number
Company Name and City/State of Employer	Ending Pay Per/Hr	Employment Dates (List Month and year)	Reason for Leaving
	Hours per week	From: To:	

Duties/Responsibilities

Official Job Title	Name/Title of Supervisor		Supervisor's Phone Number
Company Name and City/State of Employer	Ending Pay Per/Hr	Employment Dates (List Month and year)	Reason for Leaving
	Hours per week	From: To:	

Duties/Responsibilities

Name _____

Employment History

Describe your work history for the last **10 years** beginning with your current or most recent position/job. Include volunteer and military experience, including military rank. If necessary, use additional pages. A resume may be attached but will not substitute for the required Employment History information. Failure to provide complete and accurate information regarding each job held, including providing misleading or false information, may result in disqualification for the position or termination upon discovery.

EXPLAIN ALL GAPS IN EMPLOYMENT LONGER THAN 3 MONTHS.

Official Job Title	Name/Title of Supervisor		Supervisor's Phone Number
Company Name and City/State of Employer	Ending Pay Per/Hr	Employment Dates (List Month and year)	Reason for Leaving
	Hours per week	From: To:	
Duties/Responsibilities			

Official Job Title	Name/Title of Supervisor		Supervisor's Phone Number
Company Name and City/State of Employer	Ending Pay Per/Hr	Employment Dates (List Month and year)	Reason for Leaving
	Hours per week	From: To:	
Duties/Responsibilities			

Official Job Title	Name/Title of Supervisor		Supervisor's Phone Number
Company Name and City/State of Employer	Ending Pay Per/Hr	Employment Dates (List Month and year)	Reason for Leaving
	Hours per week	From: To:	
Duties/Responsibilities			

Name _____

Employment History

Describe your work history for the last **10 years** beginning with your current or most recent position/job. Include volunteer and military experience, including military rank. If necessary, use additional pages. A resume may be attached but will not substitute for the required Employment History information. Failure to provide complete and accurate information regarding each job held, including providing misleading or false information, may result in disqualification for the position or termination upon discovery.

EXPLAIN ALL GAPS IN EMPLOYMENT LONGER THAN 3 MONTHS.

List the types of computer software and programs you have used.

List any vehicles and/or equipment you can skillfully operate.

List relatives employed by KRD

Name	Relationship	Department

APPLICANT AUTHORIZATION AND CERTIFICATION – I AUTHORIZE the Kittitas Reclamation District (KRD) to obtain any information relating to the facts provided in this application from schools, employers, criminal justice agencies, individuals, or other sources. This information may include, but is not limited to, academic, performance, attendance, achievement, personal history, disciplinary, arrest, and conviction records. I authorize and direct you to release such information to the KRD regardless of any agreement I may have made with you previously to the contrary. **I RELEASE** any responding agencies, their employees and agents, from any and all liability for damages of whatever kind or nature which may at any time result on account of compliance, or any attempts to comply with this authorization.

I CERTIFY that the statements contained herein are true to the best of my knowledge. I understand that any incomplete, inaccurate, misleading, false or incorrect information may result in rejection of my application, disqualification from consideration, may render an appointment void and/or can be cause for my dismissal upon discovery.

I AGREE to submit to physical and/or mental examinations as the KRD may require after receipt of a bonafide offer of employment.

Signature

Date