



PO Box 190 · 1037 NW Grebe Street · Seal Rock, Oregon 97376
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Seal Rock Water District

EMPLOYMENT APPLICATION

The Seal Rock Water District considers applicants for all positions without regard to race, color, sex, national origin, disability, marital status, sexual orientation or any other legally protected status.

Date _____

Position Applying For _____

Last Name First Name Middle Name

Address

City State Zip

Telephone Number (s)

Driver's License Number State Expiration Date

Please state your salary expectation

Have you been previously employed by the Seal Rock Water District? Yes No

If yes, when _____

Are you legally able to work in the United States? Yes No

Date available for work _____

References

Please list 2 professional references.

Name Telephone Number Number of Years Known

Name Telephone Number Number of Years Known

Education and Training (Colleges, Military, Trades, Business or Other Schools Attended)

If you need additional space, please continue on a separate sheet of paper.

Name of school, location _____

Years completed _____

Type of training or major _____

Name of certificate or degree received _____

Name of school, location _____

Years completed _____

Type of training or major _____

Name of certificate or degree received _____

Licenses and Certificates

List below any licenses/certificates that you have that may be required for this position.

Title of license or certificate

Number

Issuing agency

Expiration date

Title of license or certificate

Number

Issuing agency

Expiration date

List special accomplishments, publications, awards. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or other protected status).

Skills & Qualifications: Summarize special skills and qualifications, including software and hardware you are familiar with, acquired from employment or other experiences that may qualify you for work with our company.

State any additional information you feel may be helpful to us in considering your application.

Employment Experience

Please start with your most recent employment. Indicate the positions held during the last 5 years. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. Please continue on a separate sheet of paper if necessary.

Job Title	Start Date	End Date
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Employer

Address

Direct Supervisor	Telephone Number
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Reason for Leaving _____

Duties and Responsibilities _____

Job Title	Start Date	End Date
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Employer

Address

Direct Supervisor	Telephone Number
-------------------	------------------

Reason for Leaving _____

Duties and Responsibilities _____

Job Title	Start Date	End Date
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Employer

Address

Direct Supervisor	Telephone Number
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Reason for Leaving _____

Duties and Responsibilities _____

May we contact the employers listed above? Yes No

If not, why? _____

Certification of Information, Authorization and Release

CAUTION: Read before signing

Authorization – I hereby authorize and direct you to permit the Seal Rock Water District and their representative(s) to review my credit records, employment records, educational records, driving records, juvenile and adult criminal records as part of a background investigation being conducted prior to my possible employment with the Seal Rock Water District. I also authorize you to permit any materials listed above to be copied and retained by the Seal Rock Water District.

Initial: _____

Release of Agency Providing Information from Liability – I hereby release you, your organization and any of its agents, employees, or representatives from any and all liability or damage, which may result from furnishing the above requested information.

Initial: _____

Release of District from Liability – I hereby exonerate, release, discharge, and hold harmless the Seal Rock Water District, its officers, agents, or assigns, now and in the future, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents or assigns, for:

1. Maintaining the confidentiality and refusal to make available any and all information contained or gained as part of this pre-employment investigation, including but not limited to the identity of any persons or organizations who may have supplied information in the course of this investigation, and
2. Their refusal to make available the substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration, and
3. The District’s actions taken based on the information gathered as part of the background check.

Initial: _____

By my signature below, I:

Authorize the investigation of all matters which the Seal Rock Water District, referred to as the “District” deems relevant to my qualifications for employment including all statements made in this application and in any attachments or supporting documents and in any interviews, including but not limited to personal history, academic records, job performance, and driving and criminal history, to ascertain any and all information which may concern my character, whether same is of record or not. I release your organization and all persons whomsoever from any charge or liability due to the release or furnishing of any documentation, records, materials, or any other form of information.

I hereby acknowledge that I am aware that the information and results of this investigation are confidential to the Seal Rock Water District Personnel Office, and is for their use only, and will not be disclosed to myself or any other person without proper authorization.

Certify that the facts and information given in this application, and in any attachment or supporting documents and in any interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, will generally result in denial of employment or immediate termination, regardless of when and how discovered.

Understand that I may be required to submit to pre-employment or post-employment physical examination or other professional examinations, medical inquires and/or urinalysis tests for the presence of drugs or alcohol. I agree to such examinations, inquires or testing. I authorize release of the results to the District to evaluate my suitability for employment. I release the District from all liability arising out of or connected with any examinations, inquires or testing.

Understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have reviewed all the information provided in this application and in any attachments or supporting documents.

Understand that if I am hired as a temporary employee, I cannot expect continued employment in a temporary position or to automatically become a regular employee. As a temporary employee, I may be disciplined or discharged from employment for any lawful reasons without warning.

Understand that this application by itself does not create a contract of employment. I understand and agree that if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages and salary, be terminated at any time without any pervious notice.

Signature

Date