

# Employment Application

Coal Creek Utility District 6801 132<sup>nd</sup> Place SE Newcastle, WA 98059 Phone: 425-235-9200 Fax: 425-228-7429

Position:

Date:

**PERSONAL INFORMATION**

Name (Last, First, Middle)	Telephone Number
Address	Message Number
City/State/Zip	E-mail Address

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are You Applying For: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp	What Shift(s) Will You Work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	May We Contact Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**EMPLOYMENT HISTORY - Begin With Most Recent Employment**

Dates From	To	Company Name	City, State
Titles and Duties –			
Reason for Leaving:		Supervisor's Name	Telephone Number
Dates From	To	Company Name	City, State
Titles and Duties –			
Reason for Leaving:		Supervisor's Name	Telephone Number
Dates From	To	Company Name	City, State
Titles and Duties –			
Reason for Leaving:		Supervisor's Name	Telephone Number
Dates From	To	Company Name	City, State
Titles and Duties –			
Reason for Leaving:		Supervisor's Name	Telephone Number

**MILITARY - Branch of Service:**

Describe any military training received relevant to the position for which you are applying:

**EDUCATION/TRAINING - Include Technical/Academic Achievements/Courses**

Have you obtained a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
School	Name & Location	Diploma/Degree	Subject Of Specialization
College/University			
Specialized Courses & Training			

**CLERICAL SKILLS - To Be Completed for Clerical Positions**

Typing, WPM		Medical Terminology <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Terminology <input type="checkbox"/> Yes <input type="checkbox"/> No
Shorthand, WPM			
List Specific Computer Skills –			

**PROFESSIONAL & TECHNICAL INFORMATION - To Be Completed for Licensed/Registered Positions**

DOH Certification		Certificate No.	
If not certified, have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No		If certified in another state, list:	

**OTHER SPECIAL SKILLS - List Other Specific Skills You Have to Offer for This Job Opening:**

**REFERENCES - Give the Names of Three Persons Not Related to You**

Name	Address	Telephone	Occupation

The information on this application is true and accurate to the best of my knowledge. Any false statements made intentionally will be cause for immediate reprimand and/or dismissal.

Signature \_\_\_\_\_

Date \_\_\_\_\_