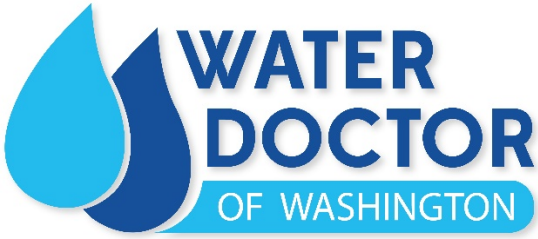


Received on: \_\_\_\_\_  
Applications will be held for three years



Water Doctor of WA – Admin. Serv. Director  
2556 Jackson Hwy., Chehalis, WA 98532  
Phone: 360-748-6393 • Fax: 360-748-6422  
Web: www.kineticopnw.com  
Email: shannon@kineticopnw.com

## Job Application

Water Doctor of Washington provides reasonable accommodations for qualified individuals with disabilities. To request accommodation in the recruitment or selection process please contact our Administrative Services Director at 360-748-6393.

Water Doctor of Washington hires only United States citizens and aliens lawfully authorized to work in the United States. All new employees will be required to complete an I-9 form and provide documentation establishing identity and employment eligibility within three (3) days of hire.

*Water Doctor of Washington is an Equal Opportunity Employer.*

**Unsigned, incomplete or illegible applications will not be considered. A resume may be attached to the application, but it does not substitute for completion of this application form.**

## Personal Profile

Name:	Position applied for:
Address:	City/State/Zip Code:
Email:	
Primary phone: (     )	Alternate phone: (     )
Former last name(s) (if applicable):	
Can you, after employment, submit proof of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Types of positions you will accept: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Types of shifts you will accept: <input type="checkbox"/> Day <input type="checkbox"/> Split Shift <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> On Call	

## Driving Information

*All applicants complete this section*

Do you possess a valid Driver's License?  Yes  No

State \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Has your license ever been restricted, suspended or revoked?  Yes  No

**If yes,** Please explain \_\_\_\_\_

Complete this section only if the position for which you are applying requires the operation of a CDL vehicle

Class \_\_\_\_\_ Endorsements \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Additional Questions**

Do you possess a high school diploma or GED?	
What is your highest level of education?	
How did you first learn of this position?	
If you were referred by an employee, please provide employee name.	
Are you a former Water Doctor of Washington employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of previous Water Doctor of Washington employment:     /
Will you be able to satisfy Water Doctor of Washington's attendance requirements, which require employees to report to work on time regularly and to avoid absences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
As an adult, are you awaiting prosecution, or have you ever been convicted of a criminal offense other than a traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please explain.	
Please list any aliases or other names in the last ten years.	
Do you require a reasonable accommodation to participate in the recruitment or selection process?	
Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?	

**Work Experience**

List and describe your work and/or volunteer experience starting with your current position.

(Give dates and explain all periods of unemployment over three months).

Position title:	Hours worked per week:
Start and end dates (month/year):     /     -     /	Monthly salary:
Employer name:	Name and title of supervisor:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	
City/State:     ,	ZIP:
Duties:	Reason for leaving:

Position title:	Hours worked per week:
Start and end dates (month/year):     /     -     /	Monthly salary:
Employer name:	Name and title of supervisor:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	
City/State:                                  ,	ZIP:
Duties:	Reason for leaving:

Position title:	Hours worked per week:
Start and end dates (month/year):     /     -     /	Monthly salary:
Employer name:	Name and title of supervisor:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	
City/State:                                  ,	ZIP:
Duties:	Reason for leaving:

Position title:	Hours worked per week:
Start and end dates (month/year):     /     -     /	Monthly salary:
Employer name:	Name and title of supervisor:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	
City/State:                                  ,	ZIP:
Duties:	Reason for leaving:

Attach additional sheets if necessary.

**Education**

Type of school:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of school:	Major/minor or emphasis:
Start date (month/year):      End date (month/year):	Degree received:
City/State:	

Type of school:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of school:	Major/minor or emphasis:
Start date (month/year):      End date (month/year):	Degree received:
City/State:	

Attach additional sheets if necessary.

**Certificates and Licenses**

Type:
License number (if applicable):
Issued by (if applicable):
Date issued (month/year):      /      Expiration (month/year):      /

Attach additional sheets if necessary.

**Skills**

Typing (net WPM):
Other:

Other skills (indicate level and experience):
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Languages (indicate speak/read/write):
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**Essay Question**

In The space below, please describe the reason you are applying for this position and why you believe you would be an asset to this company. Answers must be limited to two paragraphs or less and must be hand-written, not typed.

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**Professional References**

Name:	Title:
Phone: (      )	Email:
Cell Phone: (      )	
Name:	Title:
Phone: (      )	Email:
Cell Phone: (      )	
Name:	Title:
Phone: (      )	Email:
Cell Phone: (      )	

## APPLICANT AUTHORIZATIONS

As part of the final employment selection process, it is the policy of Water Doctor of Washington to contact former employers for employment-related reference information. By signing and submitting this application, you authorize Water Doctor of Washington to contact your former employers. We will not at this time contact your present employer unless you authorize us to do so. If you are CURRENTLY employed, may we contact your current employer?  Yes  No  Not currently employed.

I authorize Water Doctor of Washington to thoroughly investigate all statements contained in my application and accompanying documents, and I authorize my former employers and references to disclose to Water Doctor of Washington any and all information regarding my former employment, my character and my general reputation. I release all parties and persons, including Water Doctor of Washington, my former employers, and my references from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure. Furthermore, I waive my rights to see the information gathered as part of the reference check / background investigation.  I agree.  I do NOT agree.

I certify that the facts contained in this application and accompanying resume or documents, as well as the facts presented verbally in any interview, are true and correct to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire or immediate dismissal for cause if I have been employed, no matter when discovered by Water Doctor of Washington.  I agree.  I do NOT agree.

I understand the completion of this application does not obligate Water Doctor of Washington to hire me. If hired, I understand that Water Doctor of Washington is an at-will employer and that employment may be terminated at any time and for any reason either by myself or by Water Doctor of Washington. I agree to abide by all Water Doctor of Washington employment rules, policies, and procedures. Water Doctor of Washington retains the right to revise its policies and procedures, in whole or in part, at any time.  I agree.  I do NOT agree.

If I am hired by Water Doctor of Washington, I will be required to attest to my identity and employment eligibility, and to present documents confirming my identity and employment eligibility. I cannot be hired if I cannot comply with these requirements.  I agree.  I do NOT agree.

*I agree that a photocopy or fax of this signed document shall be as valid as the original.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Print Name

*Water Doctor of Washington is an equal employment opportunity employer and strives to provide a culturally diverse workforce. Our mission is to provide exceptional water treatment service in Western Washington. Our vision is to exceed public expectations by becoming an exemplary Authorized Kinetico Dealer that embraces innovation, customer service, and industry best practices.*