

Lakeview Light & Power
11509 Bridgeport Way SW
Lakewood WA 98499-3041

EMPLOYMENT APPLICATION (CONTD)

EDUCATION:

Please list the schools that you have attended:

<u>Name of School</u>	<u>Address</u>	<u>Course of Study</u>	<u>Degree or Certification</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed.

Name: _____	Phone: () _____
Address: _____	City: _____ State: _____ Zip: _____
Name: _____	Phone: () _____
Address: _____	City: _____ State: _____ Zip: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

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PREVIOUS EMPLOYMENT (begin with most recent position. Do not omit any position):

Dates of Employment: _____ From / / To / / Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor : _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: _____ From / / To / / Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor : _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: _____ From / / To / / Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor : _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No

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Firm: _____ Address: _____

Phone: () _____ Supervisor : _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false, misleading or incomplete information given in my application, an attached resume or in my interview(s) may result in discharge.

I understand that the position I am applying for is at the will of the employer, unless that status is changed by a collective bargaining agreement. Except where there is a provision in a collective bargaining agreement to the contrary, either the employer or the employee may end the employment relationship at any time, with or without reason and with or without notice.

Signature of Applicant: _____ Date: _____

Revised 6/01/06