

Eastmont Metropolitan Parks District

An Equal Opportunity Employer

EMPLOYMENT APPLICATION



For Office Use Only:

Date Received: _____ **By:** _____ **Application Complete:** Yes No

PLEASE TYPE OR PRINT. - FULLY ANSWER ALL QUESTIONS. - USE INK ONLY.
An Incomplete Application My Delay Action or Not be Accepted.

Position Desired: _____

Department: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Mailing Address: _____
Street or Box City State Zip

Phone Number: _____
Home/Message Work

Do you have relatives employed by EMPD? Yes No If yes, who? _____

(There are some limitations on employment of relatives to avoid conflicts or interest. Each case is considered separately.)

Have you ever been a member of PERS (Public Employees Retirement System)? Yes No
If yes, and you become employed by EMPD, you will be required to fill out a PERS Eligibility Work Sheet prior to employment (RCW 41.50.130).

Have you ever been convicted of a crime or released from prison within the last 7 years? Yes No
If yes, provide the date, courts, offense and sentence for each conviction:

(A prior criminal conviction will not necessarily bar an applicant from employment.)

Do you have a valid WA State driver's license? Yes No Number: _____

You must notify the hiring department if you change you mailing address. Information you provide in this application will be used to evaluate if you will be invited to interview or test for the position. Use your best efforts completing this application. If you require an accommodation to participate in this application or any testing process, then please notify the hiring department head prior to the closing date listed on the notice for this position.

EDUCATION AND TRAINING

Have you graduated from High School or received a GED? Yes No If no, highest grade: _____

University, College and Vo-Tech Education

Degree Certification

Date Awarded

Professional and Trade Licenses

Issued By:

Expiration Date:

Have you completed an apprenticeship: Yes No Which crafts: _____

SPECIAL SKILLS AND QUALIFICATIONS

(Write Number of Year's Experience on the Line Next to Each Skill)

Personal Computer:

_____ Word Processing
_____ Spreadsheet
_____ Data Base
_____ Desktop Publishing
_____ Programming
_____ Scanning

Mainframe Computer

_____ Operation
_____ Programming
_____ Data Entry

Networking

_____ Internet
_____ Intranet
_____ E-mail
_____ Website Design

Engineering

_____ Hand Drafting
_____ CEAL
_____ AutoCad
_____ CRIS-Anew
_____ Other _____

General Office Machines and Skills

_____ 10 Key/Calculator
_____ Typing _____ WPM
_____ Keyboard/Data Entry _____ WPM
_____ Shorthand _____ WPM
_____ PBX
_____ Fax Machine

Equipment Operation

_____ Dump Truck
_____ Heavy Equip.

Please list or attach any Special Skills possessed or Specialty Equipment (Turf & Landscape equipment) you can operate:

List any foreign languages you speak or comprehend:

_____ Skill level? Speak: Fluent Good Fair Comprehend: Fluent Good Fair
_____ Skill level? Speak: Fluent Good Fair Comprehend: Fluent Good Fair

List any other skills, abilities or experience you possess that you believe may be relevant to this position.

REFERENCES

Give the name, address and telephone number of three persons whom EMPD should contact, other than former employers or your relative, who have knowledge of your work habits and abilities, and have known you at least 1 year.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>

PROOF OF RIGHT TO WORK REQUIRED. You must provide documentation either your United States citizen ship or your legal right to work in the United States within three (3) days after being employed.

PHOTOGRAPH IDENTIFICATION NECESSARY. You must submit a copy of an official federal or state photograph identification card with this application. Examples of such identification are: driver's license, state identification card, passport and military identification. Examination of the original document is required prior to any offer of employment.

PRE-EMPLOYMENT PHYSICAL EXAMINATION MAY BE REQUIRED. EMPD is concerned that every EMPD employee have the physical ability to safely perform his or her essential job functions. If you are offered employment, EMPD may require a pre-employment physical examination. The physical examination is intended to evaluate whether or not you can safely perform essential job functions without risks to yourself, co-workers and/or the public.

RANDOM DRUG TESTING. Employees holding jobs that are Safety Sensitive Positions are required, under federal law, to participate in random drug and alcohol testing programs. An example of a Safety Sensitive Position is one requiring a valid Commercial Driver's License. EMPD strongly supports maintaining a Drug Free Work Place.

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT. As an equal opportunity employer, EMPD does not discriminate on the basis of race, color, national origin, sex, religion, age, mental or physical disability, marital status, prior military service, political affiliation, or any other legally protected status. EMPD is most willing to accommodate disabled individuals to allow for an equal opportunity to interview for this position. Please contact the Department posting this position for more information.

CERTIFICATION, AUTHORIZATION AND AGREEMENT

I hereby certify that all statements made in this application are complete and true, to the best of my knowledge. I understand and agree that any false or misleading statement shall be considered sufficient cause for employment disqualification or discharge from employment.

I authorize my current and former employer's to provide EMPD all available information regarding my current and former employment. I authorize all schools, colleges and universities that I have attended to provide EMPD all available information regarding my education. I understand that such information may or may not be favorable. I hereby release my current and former employer's, the education institutions I have attended, the references I have listed and EMPD, and their employees, from any and all claims, liability and damages resulting from the release of information to EMPD.

I am willing to take a pre-employment physical examination, if I am offered employment.

I understand that, as a condition of employment, I must provide documentation EMPD within three (3) days after my employment to prove United States citizenship or the right to work in the United States.

I authorize EMPD to investigate any of the information in this application, including a WA State Background Check. If driving a motor vehicle is an essential function of the position applied for, then I authorize EMPD to review all driving record information available through the Department of Licensing.

Date

Applicant's Signature

EMPLOYMENT EXPERIENCE

List all jobs you have held during the past 10 years. Begin with your current or most recent job. List any periods of unemployment or education. If needed, additional pages may be obtained from EMPD or you may copy this page. Complete this form even if submitting a resume.

From: / / To: / / Wage: \$ [] Monthly [] Weekly [] Hourly Hours per Week:	Your Title: Your Duties: Number of Employees you supervised:	Employer: Address: City/State: Supervisor's Name: Supervisor's Title: Phone: Reason for Leaving:
From: / / To: / / Wage: \$ [] Monthly [] Weekly [] Hourly Hours per Week:	Your Title: Your Duties: Number of Employees you supervised:	Employer: Address: City/State: Supervisor's Name: Supervisor's Title: Phone: Reason for Leaving:
From: / / To: / / Wage: \$ [] Monthly [] Weekly [] Hourly Hours per Week:	Your Title: Your Duties: Number of Employees you supervised:	Employer: Address: City/State: Supervisor's Name: Supervisor's Title: Phone: Reason for Leaving: