

Eastmont Metro Park District

255 N. Georgia Ave. East Wenatchee, WA 98802
(509)884-8015 www.eastmontparks.com

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ How did you hear about this job? _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Do you have relatives working for this company? YES NO If yes, who? _____

Do you have a valid WA State Driver's License? YES NO

List any Professional Licenses, Trade Licenses, and/or Certifications you hold: _____

_____ List any special skills possessed or special equipment you can operate: _____

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

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Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment (Start with current or most recent)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

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Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

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

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 EMPD for more information.

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Are you applying for a LIFEGUARD position? YES NO

If YES, please complete the following questions:

1. Are you currently Red Cross Lifeguard Certified? YES NO
2. If YES, when does your certification expire? **DATE:**
3. Are you a Water Safety Instructor? YES NO
4. Are you willing to teach swim lessons? YES NO
5. Do you have a current First Aid/CPR Certification? YES NO
6. If YES, when does your certification expire? **DATE:**

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 employers 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.

Signature: _____ Date: _____

For Office Use
Only:

Date Received:	By:	Application Complete:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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