

KEY PEN PARKS

P.O. Box 70 • Lakebay, WA 98349
253-884-9240 • answers@keypenparks.com



APPLICATION FOR EMPLOYMENT

Thank you for your interest in the Key Peninsula Metropolitan Parks District (DBA-Key Pen Parks) as an employer. Only final candidates for posted openings will be contacted personally by the Parks office. All other applications will remain on file for six months for future consideration. Key Pen Parks is an equal opportunity employer.

Position Applied For:

| General Information | | | | | | | | |
|---|--|--|--|----------------------------|------------------------------------|--|------|--------------|
| Last Name | | | First Name | | | Middle Initial | | |
| Street Address | | | City | | State | Zip | | |
| Home Phone () - () | | Work Phone () - () | | Message Phone () - () | | Cell Phone () - () | | |
| Are you now or have you ever been employed by the Key Pen Parks? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which position: _____ Dates of Employment: _____ | | | | | | | | |
| Do you have relatives working for the Key Pen Parks? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name: _____ | | | | | | | | |
| Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | | |
| Are you under 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | Are you authorized to work in the U.S.? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| Education and Training | | | | | | | | |
| Did you graduate from high school <input type="checkbox"/> No <input type="checkbox"/> Yes If No do you have a GED certificate? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | Name and Address of High School attended: | | | Dates of Enrollment: From: _____ To: _____ | | |
| Name of college, university or vocational school | | Major | Dates Attended | | Full Years Completed | Degrees Conferred | | Credit Hours |
| | | | From | To | | Title | Date | |
| | | | | | | | | |
| | | | | | | | | |
| Indicate any other trades, skills or licenses you possess related to the position for which you are applying. Include licensing state and expiration date. _____ _____ _____ | | | | | | | | |
| Special abilities: | | Type of Experience | | | Amount / Level of expertise | | | |
| Heavy equipment/machinery: | | | | | | | | |
| Office equipment/computers: | | | | | | | | |
| Please provide information where appropriate: | | | | | | | | |
| Valid Washington State I.D: | | <input type="checkbox"/> No <input type="checkbox"/> Yes | | License No: | | Exp. Date: | | |
| Valid WA State Driver License | | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | |
| Commercial Drivers License: | | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | |
| Other (describe type): | | | | | | | | |
| | | | | | | | | |

Employment History

Start with present or last job and work back. Be sure to include the experience which you feel qualifies you for this position. Include military service, volunteer service or other unpaid experience. Failure to complete this section may affect your being considered for an interview or employment. **RESUMES ARE NOT ACCEPTED IN LIEU OF COMPLETING THE APPLICATION.**

| | | |
|---------------------------------|-----------------------|---|
| Employed by (agency or firm): | | Your Job Title: |
| City & State | | Your Duties: |
| Employed From (Mo. / Yr.) | To (Mo. / Yr.) | |
| Supervisor's Name | Phone No. () - | |
| Supervisor's Title | | |
| Starting Salary \$ | Final \$ | |
| Number of Hours Worked Per Week | | |
| Number of Employees Supervised | | |
| Reason for Leaving | | May We Contact This Employer <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Employed by (agency or firm): | | Your Job Title: |
| City & State | | Your Duties: |
| Employed From (Mo. / Yr.) | To (Mo. / Yr.) | |
| Supervisor's Name | Phone No. () - | |
| Supervisor's Title | | |
| Starting Salary \$ | Final \$ | |
| Number of Hours Worked Per Week | | |
| Number of Employees Supervised | | |
| Reason for Leaving | | May We Contact This Employer <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Employed by (agency or firm): | | Your Job Title: |
| City & State | | Your Duties: |
| Employed From (Mo. / Yr.) | To (Mo. / Yr.) | |
| Supervisor's Name | Phone No. () - | |
| Supervisor's Title | | |
| Starting Salary \$ | Final \$ | |
| Number of Hours Worked Per Week | | |
| Number of Employees Supervised | | |
| Reason for Leaving | | May We Contact This Employer <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Employed by (agency or firm): | | Your Job Title: |
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| Employed by (agency or firm): | | Your Job Title: |
| City & State | | Your Duties: |
| Employed From (Mo. / Yr.) | To (Mo. / Yr.) | |
| Supervisor's Name | Phone No. () - | |
| Supervisor's Title | | |
| Starting Salary \$ | Final \$ | |
| Number of Hours Worked Per Week | | |
| Number of Employees Supervised | | |
| Reason for Leaving | | May We Contact This Employer <input type="checkbox"/> No <input type="checkbox"/> Yes |

PERSONAL REFERENCES

| Professional References (exclude immediate supervisors) | Place of Employment / Title | Phone |
|--|------------------------------------|--------------|
| Name: | | |
| Name: | | |
| Name: | | |

CONDITIONS OF APPLICATIONS

- I hereby affirm that my responses to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.
- In compliance with the Immigration Reform and Control Act, all employment offers will be contingent upon selected applicants providing acceptable proof of identity and authorization to work in the United States.
- I understand that misrepresentation or omission of the material facts called for in this application or other records will be cause for immediate dismissal. In addition, I authorize Key Pen Parks to verify any and all information contained in this application and to inquire into my character, ability, and work habits from former employers, and others, and I release Key Pen Parks, and all concerned from any liability in connection with any information received or provided.
- Key Pen Parks retains the right to determine the fitness and suitability of applicants for employment.
- I, THE UNDERSIGNED, HAVE CAREFULLY READ AND AGREE TO THE ABOVE CONDITIONS.

Applicant Signature: _____ **Date:** _____

Applications submitted electronically me be signed at interview if selected



DRIVING RECORD FORM
To be submitted with application

| | | |
|--------------------------|--------|-----------------|
| Name | | |
| Last: | First: | Middle Init. |
| Position Applying For: | | |
| Driver's License Number: | | State of Issue: |

DRIVER'S LICENSE REQUIREMENTS

Applicants for positions in which the incumbent is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid Washington State Driver's license with any necessary endorsements. Driving records of applicants may be checked. Applicants may be disqualified under the following circumstances:

Violations: More than two moving violations within the preceding three years; or reckless driving violation within the preceding five years; or driving while intoxicated within the preceding five years.

Accidents: More than one motor vehicle accident within the preceding three years for which the applicant received a traffic or criminal citation and was convicted, forfeited bail, or entered a plea of "guilty" or nolo contendere.

LIST any notices of infraction or traffic citations which you have received in the past five years.

If more space is needed, please attach additional sheets of paper. Infractions or citations will not necessarily remove you from consideration, but Key Pen Park's will consider your driving record and insurability when making employment decisions.

| STATE | MONTH/YEAR | TYPE OF INFRACTION |
|-------|------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

The information provided above is true to the best of my Knowledge. I understand that providing false information is cause to elimination in the selection process or dismissal from employment.

Signed: _____ Date: _____

IF SELECTED FOR AN INTERVIEW, applicants will be required to submit a copy of their official driving abstract. Driving abstracts may be obtained at any Washington State Department of Licensing branch office or online at www.dol.wa.gov for a fee of \$10.00. This fee is at the applicant's expense.

Key Pen Parks

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Waiver and Release of Driving Record

To be submitted with application

I, the undersigned applicant for employment with Key Pen Parks, hereby authorize the release of both my individual and my employee driving record, as defined by RCW 46.52.120 and 46.52.130 by the Department of Licensing, to Key Pen Parks. I have been informed that portions of this record are my confidential property and may not be obtained without my express consent and request. If I am hired by Key Pen Parks, this release shall continue to be valid throughout the tenure of my employment with Key Pen Parks.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

Reference Check Permission/ Authorization to Release Employment Records

To be submitted with application

I, the undersigned applicant for employment with Key Pen Parks, in the consideration of the review of my employment application, do hereby give permission for an authorized representative of Key Pen Parks to inquire of former employers and other individuals about my ability to perform all aspects of the position for which I am being considered. Those individuals who supply references may respond freely to all questions concerning my job-related knowledge, skills, abilities, education and experience, and any other matters, which may be relevant to my performance in the position, I am seeking. I further release and authorize any prior employer of mine to release to Key Pen Parks, any and all records of my prior employment retained by my former employers.

I understand and agree to waive any claim or cause of action to use of any and all information gained through these inquiries or release of prior employment records and promise to defend and hold harmless Key Pen Parks, its officers and employees from any claim or loss arising from such release.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

AFFIRMATIVE ACTION INFORMATION

Position Applied _____

Key Pen Parks provides equal opportunity in all terms, conditions, and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, sex, age, marital status, veteran status, sexual orientation or the presence of disability. Providing this information is voluntary and will be kept in a confidential file separate from the application form.

Sex: Male Female

Age: Below 18 Above 18 but below 40 Above 40

Ethnic Category: Caucasian
African American
Hispanic
Native American
Asian
Pacific Islander
Other Specify _____

RECRUITMENT INFORMATION

How did you hear about the position for which you are applying?

Web site
Friend or relative
District Job Bulletin
District Employee
Newspaper Ad Name of newspaper _____
Other Please specify _____