



**APPLICATION FOR EMPLOYMENT**

Thank you for your interest in the Key Peninsula Metropolitan Parks District (d.b.a. 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. Key Ken Parks will provide reasonable accommodations for qualified applicants with disabilities.

**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: _____								
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. _____ _____ _____								
<b>Special abilities</b>		<b>Type of experience</b>			<b>Amount / level of expertise</b>			
Heavy equipment/machinery:								
Office equipment/computers:								
Licenses								
Valid Washington State I.D: <input type="checkbox"/> No <input type="checkbox"/> Yes				Commercial driver's license: <input type="checkbox"/> No <input type="checkbox"/> Yes				
Valid WA State driver's 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 you being considered for an interview or employment.  
**RESUMES ARE NOT ACCEPTED IN LIEU OF COMPLETING THIS APPLICATION.**

Employed by (agency or firm):		Your job title:
City & state:		Your duties:
Employed from (Mo. / Yr.)	To (Mo. / Yr.)	
Supervisor's name:	Phone number: (     )     -	
Supervisor's title:		
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 number: (     )     -	
Supervisor's title:		
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 number: (     )     -	
Supervisor's title:		
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 number: (     )     -	
Supervisor's title:		
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

### Professional References

<i>(Exclude immediate supervisors)</i>	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.
- 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 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 give permission for an authorized representative of 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 other individuals. 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 release and authorize the release to Key Pen Parks any and all records of my prior employment retained by my former employers and I release Key Pen Parks and all concerned from any liability in connection with any information received or provided.
- I understand and agree to waive any claim or cause of action to use gained through these inquiries or release of prior employment records and promise to defend and hold harmless Key Pen Parks, its officers, and its employees from any claim or loss arising from such release.
- 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*

#### RECRUITMENT INFORMATION *(Optional)*

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

- Website    
 Friend or relative    
 District job bulletin    
 District employee    
 Newspaper ad  Name of newspaper \_\_\_\_\_   
 Other  Please specify \_\_\_\_\_

# KEY PEN PARKS

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



## DRIVING RECORD FORM

*To be submitted with application*

Last name:	First name:	Middle initial:
Position applying for:		

### 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 three (3) years.**

If more space is needed, please attach additional sheets of paper. Infractions or citations will not necessarily remove you from consideration, however Key Pen Parks 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](http://www.dol.wa.gov) for the current fee. *This fee is at the applicant's expense.*