

KEY PEN PARKS

5514 Key Peninsula Hwy N • Lakebay, WA 98349
253-358-5465 • jakeg@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.

General Information			
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip
Email Address	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			
Position applied for: _____			
Criminal Conviction Standards: <ul style="list-style-type: none">• The successful incumbent will have unsupervised access to a secured/confidential facility, computer system(s), unsupervised access to children and vulnerable adults. As a result, Key Pen Parks will be conducting an extensive criminal background check by law enforcement agencies.<ul style="list-style-type: none">○ Please review the following list of disqualifying crimes and negative actions to determine if you meet our standard for this position: Washington State Department of Social and Health Services List of Disqualifying Crimes and Negative Actions https://www.dshs.wa.gov/sites/default/files/bccu/documents/Secretary%E2%80%99sCrimesListforALLPrograms.pdf<input type="checkbox"/> I have reviewed the list of disqualifying crimes			

Education and Training

Did you graduate from high school or receive a GED certificate? No Yes Name/Location of H.S. _____

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.

Professional References

Name: _____ Title: _____ Phone Number: _____

Name: _____ Title: _____ Phone Number: _____

Name: _____ Title: _____ Phone Number: _____

Employment History

Start with present or last job and work back with the last 10 years of employment history. 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	
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	
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		
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		
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		
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		
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		
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		

KEY PEN PARKS

5514 Key Peninsula Hwy N • Lakebay, WA 98349
253-358-5465 • jakeg@keypenparks.com

Applicant Signature

- I authorize Key Pen Parks, at the time of my application for employment or during the course of employment, to verify information (including criminal history) contained in this application as it relates to the position for which I am being considered, or in which I may be employed. I authorize all previous employers to furnish information concerning my past employment. I hereby acknowledge that the above information is being disclosed at my request and that I will make no claim whatsoever against Key Pen Parks, the agency being contacted, its agents, or employees arising out of disclosure of such information.
- I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from consideration for employment. I understand all statements made on this application may be verified.

Signature of Applicant

Date

Reference Check Permission/ Authorization to Release Employment Records

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: _____