KEY PEN PARKS

5514 Key Peninsula Hwy NW Lakebay, WA 98349 253-884-9240 • employment@keypenparks.com



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	:										
		Ge	eneral I	nfor	matior	ı					
Last name:			First nam	e:						Middle initial:	
Street address:			City:					State:		Zip:	
Email	Phone										
Are you now or have you ever been If yes, which position:			arks? 🔲 1		Yes tes of emp	ployment:		-			
Do you have relatives working for	the Key Pen	Parks? No	Yes	If y	es, please	provide r	name:				
Are you under 18 years old?	No Y	es Are you at	ithorized t	o wor	k in the l	U.S.? □	No [Yes			
		Edu	cation a	and	Traini	ng					
Did you graduate from high school If "no" do you have a GED certific		_	Nan	ne and	d address	of high sc	hool at	tended:			
Name of college, university or vo	ocational	Major	Da	ates at	tended	Full ye		Degr	rees conf	erred	Credit hours
			Fro	om	То			Title		Date	
Indicate any other trades, skills or	licenses you	possess related to	the position	on for	which you	u are appl	ying. Iı	nclude licens	ing state	and expiration	n date.
Special abilities	Ту	pe of experience)				Amo	unt / level o	f experti	ise	
:											
Γ											
Valid Washington State I.D.	No DV								¬ ,,,		
Valid Washington State I.D: □ No □ Yes Commercial driver's license: □ No □ Yes											

Other (describe type):

Employment History

Start with present or last job and work back for at least 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. **RESUMES ARE NOT ACCEPTED IN LIEU OF COMPLETING THIS APPLICATION.** USE ADDITIONAL SHEETS AS NEEDED.

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:	
# of hours you worked per week:	
# of employees you supervised:	
Reason for leaving:	May we contact this employer? ☐ No ☐ 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:	
#of hours you worked per week:	
# of employees you supervised:	
Reason for leaving:	May we contact this employer? \[\sum No \subseteq Yes \]
Employed by (agency or firm):	Your job title:
Employed by (agency or firm): City & state:	Your job title: Your duties:
City & state:	
City & state: Employed from (Mo. / Yr.) To (Mo. / Yr.)	
City & state: Employed from (Mo. / Yr.) To (Mo. / Yr.) Supervisor's name: Phone number: () -	
City & state: Employed from (Mo. / Yr.) To (Mo. / Yr.) Supervisor's name: Phone number: () - Supervisor's title:	
City & state: Employed from (Mo. / Yr.) To (Mo. / Yr.) Supervisor's name: Phone number: () - Supervisor's title: # of hours you worked per week:	
City & state: Employed from (Mo. / Yr.) To (Mo. / Yr.) Supervisor's name: Phone number: () - Supervisor's title: # of hours you worked per week: # of employees you supervised:	Your duties:
City & state: Employed from (Mo. / Yr.) To (Mo. / Yr.) Supervisor's name: Phone number: () - Supervisor's title: # of hours you worked per week: # of employees you supervised: Reason for leaving:	Your duties: May we contact this employer? No Yes
City & state: Employed from (Mo. / Yr.) To (Mo. / Yr.) Supervisor's name: Phone number: () - Supervisor's title: # of hours you worked per week: # of employees you supervised: Reason for leaving: Employed by (agency or firm):	Your duties: May we contact this employer? No Yes Your job title:
City & state: Employed from (Mo. / Yr.) To (Mo. / Yr.) Supervisor's name: Phone number: () - Supervisor's title: # of hours you worked per week: # of employees you supervised: Reason for leaving: Employed by (agency or firm): City & state:	Your duties: May we contact this employer? No Yes Your job title:
City & state: Employed from (Mo. / Yr.) To (Mo. / Yr.) Supervisor's name: Phone number: () - Supervisor's title: # of hours you worked per week: # of employees you supervised: Reason for leaving: Employed by (agency or firm): City & state: Employed from (Mo. / Yr.) To (Mo. / Yr.)	Your duties: May we contact this employer? No Yes Your job title:
City & state: Employed from (Mo. / Yr.) To (Mo. / Yr.) Supervisor's name: Phone number: () - Supervisor's title: # of hours you worked per week: # of employees you supervised: Reason for leaving: Employed by (agency or firm): City & state: Employed from (Mo. / Yr.) To (Mo. / Yr.) Supervisor's name: Phone number: () -	Your duties: May we contact this employer? No Yes Your job title:
City & state: Employed from (Mo. / Yr.) To (Mo. / Yr.) Supervisor's name: Phone number: () - Supervisor's title: # of hours you worked per week: # of employees you supervised: Reason for leaving: Employed by (agency or firm): City & state: Employed from (Mo. / Yr.) To (Mo. / Yr.) Supervisor's name: Phone number: () - Supervisor's title:	Your duties: May we contact this employer? No Yes Your job title:

Professional References					
(Exclude immediate supervisors)	Place of employment / title	Phone & Email			
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 jobrelated 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			