

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:				
Key Pen Parks is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's conviction record as it relates to the job. <i>A conviction record will not disqualify you for employment UNLESS such record would reasonably affect your fitness for the job for which you have applied.</i>				
Have you ever been convicted of a felony or released from prison within the last ten (10) years or have you been convicted of a misdemeanor other than minor traffic offenses within the last three (3) years? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, please explain.				
Are you under 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes				

Education and Training							
Did you graduate from high school or receive a GED certificate? <input type="checkbox"/> No <input type="checkbox"/> 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.							

Applicant Signature	
<ul style="list-style-type: none"> 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

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		
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Number of Employees Supervised		
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May We Contact This Employer <input type="checkbox"/> No <input type="checkbox"/> Yes		
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City & State		Your Duties:
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May We Contact This Employer <input type="checkbox"/> No <input type="checkbox"/> Yes		

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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: _____