

Northern Wasco County Park & Recreation District

414 Washington Street Suite 1D
The Dalles, Oregon
97058

Phone: (541)296-9533
Fax: (541)296-1239
E-mail: info@nwprd.org



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any legally protected status.

Position Applied For _____ Date of Application _____
How Did You Learn About This Position? _____

Name: Last _____ First _____ Middle _____
Street Address _____
City _____ State _____ Zip _____
Telephone () _____ or () _____ Social Security # _____ | _____ | _____
Email address (optional) _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No
If yes, May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes No

On what date are you available to work? _____

Are you available to work: **Full Time** **Part Time** **Shift Work** **Temporary**

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if job requires it? Yes No

Have you been convicted of a felony in the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain:

Education:			
	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			

Describe any specialized training, apprenticeship, skills and extra-curricular activities	
Describe any honors you may have received or any additional information you feel may be helpful to us in considering your application	

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

In addition to your work history, are there are other skills, qualifications, or experience we should consider:

Indicate any foreign languages you can speak, read and/or write: (check one)

	Fluent	Good	Fair
Speak: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military? Yes No

If yes, please describe

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Employment History: (Start with most recent employer)

Employer	Date Employed	Work Performed
	From: To:	
Address		
	Hourly Rate/Salary	
Telephone Number(s)	From: To:	
Job Title	Name of Supervisor	
Reason for Leaving		

Employer	Date Employed	Work Performed
	From: To:	
Address		
	Hourly Rate/Salary	
Telephone Number(s)	From: To:	
Job Title	Name of Supervisor	
Reason for Leaving		

Employer	Date Employed	Work Performed
	From: To:	
Address		
	Hourly Rate/Salary	
Telephone Number(s)	From: To:	
Job Title	Name of Supervisor	
Reason for Leaving		

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences.

I certify that answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application of employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless defined by applicable law, any employment relationship with this organization is of an "at will," nature which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. Upon consideration for employment, I understand that a criminal background check may be secured by the employer.

Signature _____ Date _____

We are an equal opportunity employer