



Si View Metropolitan Park District

P.O. Box 346 • North Bend, WA 98045
 (425)831-1900 • info@siviewpark.org

APPLICATION FOR EMPLOYMENT

Thank you for your interest in the Si View Metropolitan Park District as an employer. Only final candidates for posted openings will be contacted personally by the District. All other applications will remain on file for six months for future consideration. The Si View Metropolitan Park District is an equal opportunity employer.

POSITION APPLYING FOR:

GENERAL INFORMATION

| | | | | | |
|---|------------|------------|--------|-----------------------------|------------------------------|
| Last Name | | First Name | | Middle Initial | |
| Street Address, City, State & Zip | | | | | |
| Home Phone | Work Phone | Cell Phone | E-mail | | |
| Are you now or have you ever been employed by the Si View Metropolitan Park District? | | | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| If yes, which position & dates of employment: | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have relatives working for the Si View Metropolitan Park District? | | | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| If yes, please provide name and department: | | | | | |
| Are you under 18 year old? | | | | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

EDUCATION AND TRAINING

Did you graduate from high school or receive a GED Certificate? NO YES

| Name of college, university or vocational school | Major | Start Date | End Date | Full Years Completed | Degree/Certificate | Date Received |
|--|-------|------------|----------|----------------------|--------------------|---------------|
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Please list any other trades, skills or licenses you possess related to the position for which you are applying. Include licensing state and expiration date.

- I authorize the Si View Metropolitan Park District, 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 the Si View Metropolitan Park District, the agency being contacted, its agents, or the 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.

Applicant Signature _____ Date _____

EMPLOYMENT HISTORY

| | | | | | |
|---------------------------------|---|--|--------------|-----|--|
| Employer: | Job Title, Responsibilities & Dates of Employment: | | | | |
| City, State | | | | | |
| Supervisor's Name & Title | | | | | |
| Supervisor's Phone No. | | | | | |
| Starting Salary | | | Final Salary | | |
| Number of Hours Worked Per Week | | | | | |
| Number of Employees Supervised | | | | | |
| Reason for Leaving | | | | | |
| May We Contact This Employer | | | NO | YES | |

| | | | | | |
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| City, State | | | | | |
| Supervisor's Name & Title | | | | | |
| Supervisor's Phone No. | | | | | |
| Starting Salary | | | Final Salary | | |
| Number of Hours Worked Per Week | | | | | |
| Number of Employees Supervised | | | | | |
| Reason for Leaving | | | | | |
| May We Contact This Employer | | | NO | YES | |

| | | | | | |
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| City, State | | | | | |
| Supervisor's Name & Title | | | | | |
| Supervisor's Phone No. | | | | | |
| Starting Salary | | | Final Salary | | |
| Number of Hours Worked Per Week | | | | | |
| Number of Employees Supervised | | | | | |
| Reason for Leaving | | | | | |
| May We Contact This Employer | | | NO | YES | |

| | | | | | |
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| Employer: | Job Title, Responsibilities & Dates of Employment: | | | | |
| City, State | | | | | |
| Supervisor's Name & Title | | | | | |
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| Starting Salary | | | Final Salary | | |
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| Number of Employees Supervised | | | | | |
| Reason for Leaving | | | | | |
| May We Contact This Employer | | | NO | YES | |



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Waiver and Release of Driving Record

To be submitted with application

I, the undersigned applicant for employment with the Si View Metropolitan Park District, 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 the Si View Metropolitan Park District. 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 the District, this release shall continue to be valid throughout the tenure of my employment with the District.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

Reference Check Permission/

Authorization to Release Employment Records

To be submitted with application

I, the undersigned applicant for employment with the Si View Metropolitan Park District, in the consideration of the review of my employment application, do hereby give permission for an authorized representative of the Si View Metropolitan Park District 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 the Si View Metropolitan Park District, 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 the Si View Metropolitan Park District, its officers and employees from any claim or loss arising from such release.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____