

CKCPRD SEEK Summer Youth Camps
P.O. Box 640 Goldendale, Washington 98620
(509) 773-0506

Application for Employment

(Please Print)

Last Name: _____ First Name _____ Middle Initial _____

Address: _____ City, State, Zip _____

Phone _____ Alternate Phone _____ Email _____

Can you provide proof of eligibility to work? _____

Have you ever been employed with us in the past? _____
If yes, when _____

Are you currently employed? YES NO If yes, can we contact your current employer? YES NO

Are you prevented from lawfully becoming employed in this country due to immigration or visa status? YES NO

Have you been convicted of a felony within the last seven years? YES NO

EDUCATION and ACTIVITIES:

High School: Grade completed _____ Name of High School: _____

If you are currently in high school, what grade are you in (at the time of completing this application)
9 10 11 12

Colleges or University: Name of College/Universities: _____

Indicate any foreign languages you can speak, read and/or write: _____

List professional, scholastic, community and or civic activities you are involved with and offices held.
You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

REFERENCES:

Please give name, address and telephone number of three people who are not related to you

Employment Experience:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. For more space use a separate sheet of paper.

Employer:_____	Dates Employed_____
Address_____	Hourly Wage/Salary_____
City, State, Zip:_____	Phone #_____
Position/ Job Title:_____	Supervisor:_____
Work Performed:_____	
Reason for Leaving:_____	

Employer:_____	Dates Employed_____
Address_____	Hourly Wage/Salary_____
City, State, Zip:_____	Phone #_____
Position/ Job Title:_____	Supervisor:_____
Work Performed:_____	
Reason for Leaving:_____	

Are there any dates from June 1 to August 31 (Monday-Friday) when you would not be available?

Are you leaving for college or involved with fall sports? If yes, approximate dates?

Interviews:

- Are you available for an evening interview at the swimming pool?
- Or do you need an interview over the phone?

APPLICANT'S STATEMENT:

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 for 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 otherwise 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 the "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 the 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 the employer may secure a criminal background check. I understand, also, that the Employer may request a drug test as a condition of employment.

Signature of Applicant _____

Date _____

Please return your application on or before May 13th
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You may Mail it: PO Box 1635, Goldendale, WA 98620

Email it to: jsmith@washingtontsa.org
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Text: Text a picture of it to 541-490-8466

Or drop it off at Klickitat PUD in an envelope addressed to Jennifer Smith, care of Jim Smith
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