Central Klickitat County Parks and Recreation District

P.O. Box 640 Goldendale, Washington 98620 (509) 773-0506 * Text (509) 250-0981

Application for Employment (Please Print)

Position Applied For:		Date:	
	How did you learn ab	oout this position?	
Advertisement	Friend/Relative	Employmen	nt Agency
Through a class at the	CKCPRD Swim Pool/Applicatio	n mailed to you	Other:
Last Name:	First Nar	ne	Middle Initial
Address:	City, State, Zip		
Phone	Alternate Phone	Ema	ail
If you are under 18 car	n you provide proof of eligibilit	y to work?	
	application with us in the past		
	nployed with us in the past?		
Are you currently empl	oyed?If yes, can we c	ontact your currer	nt employer?
	m lawfully becoming employed		ue to immigration or visa
	pe available to start work?		
During the summer are	are you available to work: Fe you available to work: Index 18: During the school year,	Full time Part	: Time Temporary
Are you currently on "la	ay off" status and subject to re	ecall?	
Can you travel if the io	sh requires it?		

Have you ever been convicted of a felony within the last seven years?				
EDUCATION and ACTIVITIES:				
High School: Grade completedName of High School:				
If you are currently in high school, what grade are you in (at the time of completing this application)				
Colleges or University: Name of College/Universities:				
Degrees obtained and field of Study				
Other Education related to position applied for (examples include American Red Cross (AMR) Lifeguard Training, AMR Water Safety Instructor etc.)				
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:	
	Dates Employed
Address_	Hourly Wage/Salary
City, State, Zip:	Phone #
Position/ Job Title:	Supervisor:
Work Performed:	
	Dates Employed
Address	Hourly Wage/Salary
City, State, Zip:	Phone #
Position/ Job Title:	Supervisor:
Work Performed:	
Employer:	
	Hourly Wage/Salary
City, State, Zip:	
	Supervisor:
Reason for Leaving:	

Central Klickitat County Park and Recreation District: Supplemental questions for Lifeguarding & Swim Instructors (You may use a separate sheet of paper to answer these questions)

Please describe your swimming experiences (Lifeguard Course; Swim Team; Frequent Swimmer; Swim Lessons taken; Taught Swim Lessons; GuardStart Classes etc):			
Are you interested in teaching swimming lessons (training will be provided)? If yes, please list any teaching experience (examples could include teaching a younger siblings or relatives to swim, babysitting, taking swimming lesson etc):			
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.	l		
Signature of Applicant Date			