



Peninsula Metropolitan Park District
 Employment Services
 PO Box 425
 Gig Harbor, WA 98335
Info@PenMetParks.org
<http://www.penmetparks.org>

APPLICATION FOR EMPLOYMENT

Date: _____

Job Title: _____

APPLICATION INFORMATION—Please read this information carefully.

- **Applications submitted via e-mail to Info@PenMetParks.org are preferred.**
- Applications will be evaluated for open positions only.
- Applicants are required to complete a separate application for each position to which they apply.
- Please provide all requested information on the application. Incomplete applications may have a bearing on their consideration.
- Supplemental information (e.g., resumes, cover letters) may be provided only if it is requested in the job posting.
- Applications must be submitted by the advertised closing date and time. Postmarks will not be accepted.
- The Peninsula Metropolitan Park District reserves its option to use random sampling for high-volume positions.
- Interviews are by invitation only and are scheduled by the employing department.
- The Peninsula Metropolitan Park District will provide reasonable accommodations for qualified applicants with disabilities.
- Job offers are contingent upon meeting the position requirements and providing proof of eligibility to legally work in the US.

PERSONAL INFORMATION—This section is required.

Name: _____
Last (Family) Name *First (Given) Name* *Middle Initial*

Address: _____
Number and Street Name *Apt/Unit* *City* *State* *ZIP/Postal Code*

Phone: _____ **Email Address:** _____
Area code and number *Optional*

Have you ever been employed by the Peninsula Metropolitan Park District? If yes, dates: _____

If yes, were you involuntarily dismissed? Reason? _____

Have you been convicted of a crime or served time in prison during the last 7 years? If yes, explain conviction _____

Do you have a current Washington State Drivers License? License # _____

As a condition of employment with PenMet Parks, all applicants for employment shall be subject to a background check. Do you authorize PenMet Parks to run a background check?

SKILLS/EQUIPMENT—Please identify your skills and equipment knowledge that pertain to this position.

LICENSES/CERTIFICATIONS—Please identify licenses and certifications you possess that pertain to this position.

Name	Experience	Last Used	Name	Date Issued
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EDUCATION—Please provide all requested information for each institution.

Institution Name	City, State	Major	Degree	Graduation Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RELEVANT INFORMATION—Please provide additional information that pertains to this position.

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WORK EXPERIENCE—Please provide all requested information for each experience.

<p>Employer: _____ City, State: _____ Supervisor: _____ Telephone: _____ From: _____ To: _____ Reason for Leaving: _____</p>	<p>Job Title: _____ Job Duties:</p>
<p>Employer: _____ City, State: _____ Supervisor: _____ Telephone: _____ From: _____ To: _____ Reason for Leaving: _____</p>	<p>Job Title: _____ Job Duties:</p>
<p>Employer: _____ City, State: _____ Supervisor: _____ Telephone: _____ From: _____ To: _____ Reason for Leaving: _____</p>	<p>Job Title: _____ Job Duties:</p>
<p>Employer: _____ City, State: _____ Supervisor: _____ Telephone: _____ From: _____ To: _____ Reason for Leaving: _____</p>	<p>Job Title: _____ Job Duties:</p>

PLEASE PROVIDE 3 PROFESSIONAL REFERENCES AND 3 PERSONAL REFERENCES

CONDITIONS OF APPLICATION

- I hereby affirm that my responses to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.
- In compliance with the Immigration Reform and Control Act, all employment offers will be contingent upon selected applicants providing acceptable proof of identity and authorization to work in the United States.
- I understand that misrepresentation or omission of the material facts called for in this application or other records will be cause for immediate dismissal. In addition, I authorize the Peninsula Metropolitan Park District to verify any and all information contained in this application and to inquire into my character, ability and work habits from former employers and others, and I release the Peninsula Metropolitan Park District and all concerned from any liability in connection with any information received or provided.
- The Peninsula Metropolitan Park District retains the right to determine the fitness and suitability of applicants for employment.
- I, THE UNDERSIGNED, HAVE CAREFULLY READ AND AGREE TO THE ABOVE CONDITIONS.

Applicant Signature: _____ **Date:** _____

Applications submitted electronically may be signed at interview if selected

APPLICANT DATA

This information is used by the Peninsula Metropolitan Park District to maintain accurate records for those individuals who apply for and accept positions with the Peninsula Metropolitan Park District. Applicants are considered for all positions, and employees are treated during employment without regard to race, ethnic origin, religion, gender, sexual orientation, gender identity, national origin, age, marital status, veteran status, medical condition, or disability.

As employers and government contractors, we comply with federal regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, legal requirements, and the Peninsula Metropolitan Park District's commitment to diversity, please provide us with the following information. If you identify with more than one ethnic group, the Peninsula Metropolitan Park District respects your right to do so. Only check the one ethnic group you identify with most. We appreciate your cooperation.

The data provided will be kept **confidential and separate from applications for employment**. You may choose to not report any part of the information. A decision not to provide the requested information will not result in any adverse treatment of your application for employment.

Date: _____

Job Title: _____

Job Number: _____

Demographic Information—Please select only *ONE* from each category.

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified	Race/Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Not Specified
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Referral Source—Please select only *ONE* from the list below.

<input type="checkbox"/> PenMet Employee	<input type="checkbox"/> Newspaper _____
<input type="checkbox"/> District Website	<input type="checkbox"/> Friend – Word of Mouth _____
<input type="checkbox"/> Professional Association Website	<input type="checkbox"/> Job Fair _____
<input type="checkbox"/> Other Website _____	<input type="checkbox"/> Agency _____
<input type="checkbox"/> Walk-In _____	<input type="checkbox"/> Recruiter _____
<input type="checkbox"/> Other _____	