

# Northern Wasco County Park & Recreation District

PEOPLE • PARKS • PROGRAMS



NWC PARKS & RECREATION DISTRICT

602 W 2nd Street  
The Dalles, Oregon 97058

Phone: (541) 296-9533  
Fax: (541) 296-1239

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, gender, sexual orientation, 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 ( ) \_\_\_\_\_  
Email address \_\_\_\_\_

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

We are an equal opportunity employer

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

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

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

Employer	Date Employed	Work Performed
	From: To:	
Address		
Telephone Number(s)		
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 \_\_\_\_\_

