



Jefferson County Conservation District

PORT HADLOCK, WASHINGTON, U.S.A.

205 W. Patison St.
Port Hadlock, WA 98339
Telephone: 360-385-4105 Fax: 360-385-4823
www.jeffersoncd.org

EMPLOYMENT APPLICATION

TITLE/POSITION FOR WHICH YOU ARE APPLYING: District Manager/Technician

Name: _____
(Last) (First) (Middle)

Other Names Used (*during your work experience or education*): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

SSN: _____ (Disclosure of your Social Security Number is voluntary)

Do you require a particular accommodation in the workplace? _____

If "yes" what accommodation(s) do you require? _____

TYPE OF WORK DESIRED

Do you wish to work Full Time _____ Part Time _____ Temporary _____

What is your monthly salary requirement? _____

Date available for work _____

Do you have any commitments that might affect your employment with us? _____

If yes, please explain: _____

MILITARY EXPERIENCE

Have you served in the United States Military? _____ Branch? _____

Rank/Rating _____

Describe your duties: _____

SKILLS

What equipment can you operate that may be useful for this position?

Typing speed _____

What computer experience do you have? _____

A Level of skill: _____

B. Operating experience: _____

C. Software used: _____

D. Other skills: _____

EDUCATION

Level	Name	City/State	Years attended	Major/Degree
High School				
College				
Graduate School				
Trade School				
Other				

EMPLOYMENT HISTORY

Begin with your present or most recent employment. (Use additional paper if necessary.)

Employer _____

Address: _____

Employed from: _____ to _____ Supervisor: _____

Your job title: _____ Phone: _____

Monthly salary: Start: \$ _____ End: \$ _____

Duties: _____

Reason for Leaving: _____

Employer _____

Address: _____

Employed from: _____ to _____ Supervisor: _____

Your job title: _____ Phone: _____

Monthly salary: Start: \$ _____ End: \$ _____

Duties: _____

Reason for Leaving: _____

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Employer _____

Address: _____

Employed from: _____ to _____ Supervisor: _____

Your job title: _____ Phone: _____

Monthly salary: Start: \$ _____ End: \$ _____

Duties: _____

Reason for Leaving: _____

GENERAL INFORMATION

If offered a position, will your visa or immigration status prevent you from being employed?

Yes _____ No _____

Are you over the age of 18? Yes _____ No _____

Can you perform the bona fide occupational qualifications of the job for which you are applying with or without accommodation? Yes _____ No _____

Other than parking tickets, have you ever been convicted of any law violation or released from prison within the last 10 years? Yes _____ No _____. If yes, please specify below *(A conviction will not necessarily bar you from employment)*

Charge _____ Agency _____

Disposition _____

LICENSES/CERTIFICATIONS

Do you have a valid WA State drivers License? Yes _____ No _____ License# _____

Expiration Date: _____

Do you have any other licenses or certifications? _____

REFERENCES

(NOT RELATIVES. Please list at least three with phone number and email address)

EQUAL OPPORTUNITY

The Jefferson County Conservation District is an equal opportunity employer, and employment opportunities will NOT be limited because of age, race, color, religion, gender, nationality, or disability. Hiring, promotions, layoffs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement. The Jefferson County Conservation District abides by the principals of the Age Discrimination in Employment Act (ADEA) and the Americans with Disabilities Act (ADA) and does not unlawfully discriminate on the basis of age or disability.

DRUG POLICY

It is the policy of the Jefferson County Conservation District to maintain a drug free workplace.

AGREEMENT

I certify that all information I have provided in order to apply for and secure work with the Jefferson County Conservation District is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) cancel further consideration of this application, or (b) immediately discharge me from the employer's service whenever it is discovered.

I understand that this application remains current for only 45 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurance to the contrary that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the District Board of Supervisors or District Manager.

I also understand that if I am hired I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

RELEASE

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I consent to the release of my DOL drivers abstract, defendant case history, and court documents available from law enforcement and court agencies, whether in paper or electronic format.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT!

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Applicant's Signature

Date