

## EMPLOYMENT APPLICATION

### INSTRUCTIONS TO APPLICANTS

Complete application in full, even if providing a resume and return to WCD by closing date. A separate application is required for each opening. Be thorough and complete in describing your background and experience.

Name	POSITION APPLYING FOR
Address	
City, State, Zip	Home Phone
Social Security Number	Work/Message Phone

#### Education and Training

	School Name/Location	Month/Year Attended	Type of Diploma/Degree	Course of Study
High School			Graduated? (month/year not necessary) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Colleges/Universities				
Graduate/Professional				
Other				

Special training, apprenticeship, internships, job-related skills:
Certifications, licenses, professional associations:

#### General Information

1. Are you a U.S. citizen, or if not, are you eligible for legal employment in the United States? (if employed, proof of identity and legal right to work in the United States will be required after hire.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you ever been discharged/fired, or resigned from a position? (if yes, please explain)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Are there any time lapses between jobs held which are not explained on the application? (if yes, please explain)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Are you interested in temporary work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Have you, within the last seven years, been convicted of a crime or leased from prison? (A conviction record will not automatically bar you from consideration for employment.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you ever been warned about or otherwise disciplined for: (if yes please attach explanation)		
A. Absenteeism, tardiness, failure to notify your Employer when absent, or any other attendance problem?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Sexual harassment, fighting, assault, or related offenses?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. Violating any State, Federal or Employer safety rules?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
List other names by which you may be known:		

## Employment Experience

Start with your present or last job, include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability or other protected status.

1. Employer		Dates Employed		Hourly Rate/Salary	
Full Address		From	To	Starting	Final
Job Title	Hours Worked Per Week				
Supervisor	Phone Numbers	Work Performed*			
Reason For Leaving					
2. Employer		Dates Employed		Hourly Rate/Salary	
Full Address		From	To	Starting	Final
Job Title	Hours Worked Per Week				
Supervisor	Phone Numbers	Work Performed*			
Reason For Leaving					
3. Employer		Dates Employed		Hourly Rate/Salary	
Full Address		From	To	Starting	Final
Job Title	Hours Worked Per Week				
Supervisor	Phone Numbers	Work Performed*			
Reason For Leaving					
4. Employer		Dates Employed		Hourly Rate/Salary	
Full Address		From	To	Starting	Final
Job Title	Hours Worked Per Week				
Supervisor	Phone Numbers	Work Performed*			
Reason For Leaving					

\*If you need additional space please continue on a separate sheet of paper.

<p>I hereby authorize Whatcom Conservation District or its agent, to contact my employers or supervisors to verify or to supplement information given by me in this application. I understand that this information may be the basis of an employment decision regarding myself, and I hereby release any and all of my employers from any liability or claim I might have as a result of disclosure of this information.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>May we contact your present employer?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Are there special conditions prior to contact?</p> <p>(If yes, please explain.)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>READ BEFORE SIGNING</b>	
<p>I CERTIFY that this application contains no willful misrepresentations or falsifications, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, I may be summarily terminated or disqualified from holding any position under the jurisdiction of Whatcom Conservation District. This application becomes part of my permanent record if hired.</p>	
<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>

## Affirmative Action Data

It is the policy of Whatcom Conservation District to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, sex, age, marital status, veteran status, religion or the presence of any sensory, mental or physical disability. To help us comply with government record keeping, reporting and other legal requirements, please complete the affirmative action data below. Providing this information is voluntary and will be kept in a confidential file separate from the application form.

*Ethnic Category* (Choose only one)

- White (not of Hispanic origin)--those having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black (not of Hispanic origin)--those having origins in any of the Black racial groups of Africa.
- Hispanic--those of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.
- Asian or Pacific Islanders--those having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands.
- American Indian or Alaskan Native--those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

*Sex*

- Male
- Female

*Age*

Are you 40 years of age or older?

- YES
- NO

*Veteran*

Are you a veteran of U.S. military service?

- YES
- NO

Are you able to perform the essential duties of this position?

- YES
- NO

**Please complete the following**

Name:	
Date:	
Phone Number:	
Position Applied For:	

I learned about this job opening through (check all boxes that apply):

- 1. A friend or relative
- 2. A WCD employee
- 3. County employee or job announcement
- 4. Advertisement (specify)
- 5. Other means (specify)