

EMPLOYMENT APPLICATIONHood River Valley Parks
and Recreation District

Received: _____

QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.**JOB INFORMATION**

* POSITION TITLE:

PERSONAL INFORMATION

* FIRST NAME

MIDDLE INITIAL

* LAST NAME

* ADDRESS

* CITY

* STATE

* ZIP

HOME PHONE

ALTERNATE PHONE

* EMAIL ADDRESS

* WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR
APPLICATION STATUS? EMAIL PAPER PHONE**EDUCATION**

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

 Some High School
 High School Some College
 Technical College Associate's Degree
 Bachelor's Degree Master's Degree
 Doctorate**HIGH SCHOOL EDUCATION**DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES NO IF NO, WHAT WAS THE HIGHEST LEVEL COMPLETED? 7 8 9 10 11 12

SCHOOL NAME

CITY

STATE

COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?
YES NO SEMESTER QUARTER
OF UNITS COMPLETED:

MAJOR

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?
YES NO SEMESTER QUARTER
OF UNITS COMPLETED:

MAJOR

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?
YES NO SEMESTER QUARTER
OF UNITS COMPLETED:

MAJOR

DRIVER'S LICENSE INFORMATION* IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE? YES NO

STATE WHERE ISSUED

CLASS

CERTIFICATES & LICENSES

TYPE

DATE ISSUED (MONTH/YEAR)

EXPIRATION DATE (MONTH/YEAR)

LICENSE NUMBER

ISSUING AGENCY

TYPE

DATE ISSUED (MONTH/YEAR)

EXPIRATION DATE (MONTH/YEAR)

LICENSE NUMBER

ISSUING AGENCY

WORK HISTORY

DATES From	To	EMPLOYER	POSITION TITLE	
ADDRESS		CITY		STATE
COMPANY WEBSITE		PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK		MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DUTIES

REASON FOR LEAVING

DATES From	To	EMPLOYER	POSITION TITLE	
ADDRESS		CITY		STATE
COMPANY WEBSITE		PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK		MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DUTIES

REASON FOR LEAVING

WORK HISTORY

DATES From	To	EMPLOYER	POSITION TITLE
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COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DUTIES

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COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DUTIES

REASON FOR LEAVING

SKILLS**OFFICE SKILLS**

TYPING (NET WORDS PER MINUTE)

DATA ENTRY (NET WORDS PER MINUTE)

OTHER SKILLS

SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)

LANGUAGES OTHER THAN ENGLISH THAT YOU ARE PROFICIENT IN

LANGUAGE

 SPEAK READ WRITE

LANGUAGE

 SPEAK READ WRITE**EMPLOYMENT OBJECTIVE****ADDITIONAL INFORMATION**

Clinical Experience, Honors & Awards, Interests & Activities, Military Service, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Other/Miscellaneous

ATTACHMENTS

Please list any attachments you are including with your application.

Signature Verbiage

I hereby certify that I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments or supporting documents may result in denial of employment or immediate termination.

I understand that a background check may be conducted prior to employment with HRVPRD. This may include, but is not limited to, a Criminal History check and contact with previous employers and references in order to determine suitability for employment and ability to qualify for employment with HRVPRD.

I authorize representatives of HRVPRD to contact the employers and references listed in this application (or otherwise provided by me), except as otherwise indicated, and any other person as developed through these contacts in order to determine my suitability for employment. I understand that as the process progresses I may be required to provide additional information in order that a background check can be completed. I understand that if hired, either the HRVPRD or I may terminate my employment relationship at any time, for any lawful reason, with or without cause, and with or without advance notice, unless my employment is covered under a collective bargaining agreement. Other than promises that may be found in that collective bargaining agreement, I acknowledge that no promises have been made to me that are inconsistent with this "at will" statement.

I understand that this completed application is the property of HRVPRD and will not be returned.

I have read and understand the above information.

X

SIGNATURE OF APPLICANT

DATE

SUPPLEMENTAL QUESTIONS

The purpose of the following questions is to provide us with statistics needed to evaluate our recruitment program as well as to prepare statistical reports required by Federal, State and local agencies. The information obtained also includes additional job related information, such as your preference of work hours and locations, to better evaluate you for the position for which you are applying.

QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

	* MONTH/DAY OF BIRTH: EXCLUDE YEAR
<p>*1. IN ADDITION TO THE "OTHER NAME" YOU MAY HAVE ALREADY PROVIDED, ARE THERE ADDITIONAL NAMES YOU HAVE WORKED OR ATTEND SCHOOL UNDER? IF SO, UNDER WHAT NAME(S)? IF YOU HAVE NEVER WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME, PLEASE ENTER "NA." <input type="checkbox"/> NA</p>	
<p>*2. DATE YOU ARE AVAILABLE TO START.</p>	
<p>*3. PLEASE INDICATE WHICH HOURS YOU ARE WILLING TO WORK: (CHECK ALL THAT APPLY)</p> <p>FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY FULL TIME <input type="checkbox"/> TEMPORARY PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> INTERNSHIP</p> <p>IF YOU MARKED THAT YOU ARE NOT AVAILABLE FOR ALL HOURS OR DAYS, YOU ARE WELCOME TO PROVIDE AN EXPLANATION.</p>	
<p>* 4. HOW DID YOU LEARN ABOUT OUR JOB OPENING? (PLEASE CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> CAREERBUILDER.COM <input type="checkbox"/> CRAIGSLIST.COM <input type="checkbox"/> GORGENET CLASSIFIEDS <input type="checkbox"/> GOVERNMENTJOBS.COM <input type="checkbox"/> OREGON EMPLOYMENT DEPARTMENT <input type="checkbox"/> OREGONIAN NEWSPAPER <input type="checkbox"/> OREGONIAN ON-LINE <input type="checkbox"/> HOOD RIVER PARKS DISTRICT WEBSITE <input type="checkbox"/> HOOD RIVER NEWS <input type="checkbox"/> OTHER _____</p>	
<p>*5. HAVE YOU PREVIOUSLY WORKED FOR HOOD RIVER PARKS AND RECREATION DISTRICT?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>*6. This is a voluntary question; however, if you are interested in veterans hiring considerations, we will need to know your veteran's status. Do you meet the definition of a veteran? A veteran is defined as: (1) A veteran must have served on active duty with the Armed Forces of the United States for a period of more than 90 consecutive days beginning January 31, 1955 or 178 consecutive days beginning after January 31, 1955, and have been discharged under honorable conditions; or (2) A veteran must have served on active duty with the Armed Forces of the United States for 178 days or less and have been discharged under honorable conditions because of a service-connected disability (disabled veteran); or (3) A veteran must have served on active duty with the Armed Forces of the United States for at least one day in a combat zone and have been discharged under honorable conditions; or (4) A veteran must have received a qualifying military decoration for service in the Armed Forces of the United States; or (5) Be receiving a nonservice-connected pension from the US Dept. of Veterans Affairs. A veteran may submit his/her Certificate of Release or Discharge from Active Duty (a federal DD form 214 or 215) with his/her application for employment.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>* 7. This is a voluntary question; however, if you are interested in disabled veterans hiring considerations, we will need to know your veteran's status. The definition of a disabled veteran is: (1) Entitled to disability compensation under laws administered by the US Dept. of Veterans Affairs; or (2) Discharged or released from active duty for a disability incurred or aggravated in the line of duty; or (3) Awarded the Purple Heart for wounds received in combat. A disabled veteran may submit a copy of his/her veteran's disability preference letter from the U.S. Department of Veterans Affairs.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	