



**Please read the information below before filling
out an employment application with
SUNSET EMPIRE PARK AND RECREATION DISTRICT**

1. All areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and do not indicate "see resume".
2. If you are offered a position with Sunset Empire Park and Recreation District be aware that we may verify all of the information that you have written on the application, as well as your resume. If there is a discrepancy in your information, the job offer may be withdrawn. It is important to be sure that what you have written is correct.
3. If you have any questions about completing the application, please ask the Sunset Empire Park and Recreation District for assistance.

Thank you for your cooperation.

Applicant Acknowledgement

My signature below indicates that I have read and understand the importance of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

Signature of Applicant

Date

Please state the specific advertised position you are applying for: _____

Sunset Empire Park and Recreation District

APPLICATION FOR EMPLOYMENT

Thank you for considering Sunset Empire Park and Recreation District in your job search. Sunset Empire Park and Recreation District is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status or military service or (any state protected classifications). No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties. If you require an accommodation to participate in our application process please contact Mary Blake, Interim Executive Director at 503.738.3311 x 103.

CONFIDENTIAL

PLEASE COMPLETE BY PRINTING IN DARK INK, ANSWER ALL QUESTIONS, AND SIGN YOUR INITIALS AND NAME ON THE LAST PAGE. INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS	CITY AND STATE	ZIP CODE
HOME PHONE NUMBER	CELL PHONE NUMBER	DATE YOU CAN BEGIN
E-MAIL ADDRESS		

Have you ever been employed by Sunset Empire Park and Recreation District? Yes No

Are you currently employed? Yes No May we contact your present employer? Yes No

If yes, please give contact name and phone number: _____

EDUCATION

LEVEL AND TYPE OF EDUCATION	SCHOOL NAME	CITY AND STATE	DID YOU GRADUATE?	LAST YEAR COMPLETED OR DEGREE
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
OTHER				
OTHER				
OTHER				

LANGUAGES List all the languages you speak, your level and if you have any certificates.

LANGUAGE	LEVEL	CERTIFICATE

OTHER SKILLS List and summarize any special certifications, skills and qualifications, volunteer activities, military training or experience, or other training or other activities related to the job you are seeking. *For military veterans, please include information on any transferrable skills obtained through military education or experience that relate directly or indirectly, to the position for which you are applying:*

REFERENCES List 3 professional references who are familiar with your skills, qualifications and performance/work history and ability.

NAME	OCCUPATION/RELATIONSHIP	YEARS KNOWN	TELEPHONE

EMPLOYMENT RECORD

Please list your most recent jobs first. Include military service as part of your employment record. If you have a resume, please attach it to this form. Resumes will not be accepted as a substitute to Employment Record.

1. Employer	Address
Phone Number	Supervisor's Name
Job Title	Date of Employment (month and year)
	From: To:
Starting Salary	Ending Salary
Reason for Leaving	Essential Job Duties
What did you like most about your job?	What did you like least about your job?

Please read carefully, initial each paragraph and sign below:

_____ I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.
Initial

_____ I authorize Sunset Empire Park and Recreation District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the District any and all letters, reports, any copies of photo I.D. to verify my identity for the position I am now applying for, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release Sunset Empire Park and Recreation District, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
Initial

_____ I authorize Sunset Empire Park and Recreation District to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. Sunset Empire Park and Recreation District has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.
Initial

_____ If hired, I recognize the rules and policies of Sunset Empire Park and Recreation District. I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of Sunset Empire Park and Recreation District or myself. I understand that General Manager of Sunset Empire Park and Recreation District is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the District may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.
Initial

_____ I understand and acknowledge that I may be required to submit to a physical examination, including drug test. Additionally, I hereby authorize the release of the results of such an examination to Sunset Empire Park and Recreation District for their use in evaluating my suitability for employment. Further, I release the examining facility and Sunset Empire Park and Recreation District from any and all liability, and from any damage that may result from the release of such information.
Initial

I have read, understand and agree with all of the above statements.

_____ **Date**

_____ **Signature**

_____ **Print**

**Sunset Empire Park and Recreation District
Signature / Initial Verification Form**

As a prospective Employee of the Sunset Empire Park and Recreation District, signatures are required in certain confidential areas and departments. My signature and initials as officially used for verification are below.

Date: ____/____/____

Full Name: (please print) _____

Signature: _____

Initials used as signature: _____

Veteran's Preference Form

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. Please read the following checklist carefully, and check the box for each item that applies to you. If you need further explanation or have special circumstances please call Justin Cutler, General Manager at 503.738.3311 x 103.

IN ORDER TO BE ELIGIBLE TO RECEIVE VETERAN'S PREFERENCE, THIS COMPLETED FORM AND THE REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT. PREFERENCE WILL NOT BE AWARDED WITHOUT THE APPROPRIATE DOCUMENTATION.

A. QUALIFIED VETERAN QUESTIONS: You may claim veteran's preference if you check at least one box below and provide proof of eligibility by submitting a copy of your form DD-214 or DD-215 that includes your discharge status.

I served on active duty with the Armed Forces of the United States:

For a period of more than 90 consecutive days beginning on or before January 31, 1955 and was discharged or released under honorable conditions, or

For a period of more than 178 consecutive days beginning after January 31, 1955 and was discharged or released from active duty under honorable conditions, or

For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability, or

For at least one day in a combat zone and was discharged or released from active duty under honorable conditions, **or**

I received a combat or campaign ribbon or and expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions; **or**

I am receiving a non-service-connected pension from the United States Department of Veteran's Affairs.

B. QUALIFIED DISABLED VETERANS QUESTIONS: You may claim additional employment preference if you can check at least one box below and provide proof of eligibility by submitting both of the documents listed below:

1. A copy of your DD-214 or DD-215, Certificate of Release or Discharge, Copy 4 and

2. A public employment veteran's disability preference letter from the United States Department of Veteran's Affairs (unless the information is included in the DD-214/215). To order the letter call 1-800-827-1000 and request a public employment preference letter.

I have a disability rating through the United States Department of Veteran's Affairs; or

I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or

I was awarded the Purple Heart for wounds received in combat.

I hereby claim veteran's preference points and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification or dismissal, regardless of when discovered.

Print Name

Service Number

Signature of Applicant

Date