

205 West Patison Street, Suite C, Port Hadlock WA 98339 info@jeffersoncd.org 360-385-4105 www.jeffersoncd.org

Employment Application

PLEASE PRINT

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the District Manager. *A résumé does not replace any section of this application.*

APPLICATION FOR							
Title of Position:				Date of Application:			
APPLICANT INFORMATION							
Last Name:	First:				M.I.:		
Mailing Address:	City:		State: Zip:				
Email:				Are you legally eligible for employment n the U.S.?			
Phone number where you can be reached between 8:00 a.m. and 5:00 p.m. on			(If offered employment, you will be required to				
weekdays. If necessary, best time to call you is:				provide documentation to verify eligibility.)			
May we contact you at work? ☐ Yes ☐ N	lo						
Have you ever worked under another name	? Yes No)					
Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and education record? If yes, please explain:							
, , , , , , , , , , , , , , , , , , , ,							
Do you possess a valid driver's license?	Yes No DL#:			Issuing State:			
EMPLOYMENT INFORMATION							
Have you ever been terminated or asked to	resign from any job?	☐ Yes	☐ No If yes	s, please explain:			
, , , , , , , , , , , , , , , , , , , ,							
Please fully explain any gaps in your employment history:							
WORK AVAILABILITY							
			What is yo	our desired hourly pay range: \$			
Will you accept: ☐ Full Time ☐ Part Ti	me	Will you travel if job requires it? ☐ Yes ☐ No					
Will you work evenings and weekends if required? ☐ Yes ☐ No		If no, please explain:					
L L							
EDUCATION							
Highest grade completed: 8 9 10 11 12 GED College: 1 2 3 4 Grad School Yes No							
	Location of School		Grade Completed or Degree	Subject Studied or Major	Degrees		
Name of School					(e.g., AA, BS, MS,)		
					20,0,)		
 			-		-		



205 West Patison Street, Suite C, Port Hadlock WA 98339 info@jeffersoncd.org 360-385-4105 www.jeffersoncd.org

EMPLOYMENT HISTORY

List your most recent employment first. List all experience, paid and voluntary, and any job-related military service assignments. Failure to provide all information required may result in rejection of application. *A résumé does not replace any section of this application.*

Employer:	Dates Employed (Mo/Day/Yr)	Job Title:	
Address:	From:	Number Employees Supervised:	
Email:	То:	Specify Duties:	
Supervisor's Name & Title:	1		
Reason for Leaving:			
May we contact this employer: Yes No Phone:			
Employer:	Dates Employed (Mo/Day/Yr)	Job Title:	
Address:	From:	Number Employees Supervised:	
Email:	То:	Specify Duties:	
Supervisor's Name & Title:			
Reason for Leaving:			
May we contact this employer: Yes No Phone:			
Employer:	Dates Employed (Mo/Day/Yr)	Job Title:	
Address:	From:	Number Employees Supervised:	
Email:	То:	Specify Duties:	
Supervisor's Name & Title:			
Reason for Leaving:			
May we contact this employer: Yes No Phone:			
Employer:	Dates Employed (Mo/Day/Yr)	Job Title:	
Address:	From:	Number Employees Supervised:	
Email:	То:	Specify Duties:	
Supervisor's Name & Title:	_		
Reason for Leaving:			
May we contact this employer: Yes No Phone:			



205 West Patison Street, Suite C, Port Hadlock WA 98339 info@jeffersoncd.org 360-385-4105 www.jeffersoncd.org

Employer:		Dates Employed (Mo/Day/Yr)	Job Title:
Address:		From:	Number Employees Supervised:
Email:		To:	Specify Duties:
Supervisor's Name & Title:			
Reason for Leaving:			
May we contact this employer: ☐ Yes ☐ No Phone:			
Employer:		Dates Employed (Mo/Day/Yr)	Job Title:
Address:		From:	Number Employees Supervised:
Email:		То:	Specify Duties:
Supervisor's Name & Title:			
Reason for Leaving:			
May we contact this employer: ☐ Yes ☐ No Phone:			
Employer:		Dates Employed (Mo/Day/Yr)	Job Title:
Address:		From:	Number Employees Supervised:
Email:		То:	Specify Duties:
Supervisor's Name & Title:			
Reason for Leaving:			
May we contact this employer: ☐ Yes ☐ No	Phone:		
Employer:		Dates Employed (Mo/Day/Yr)	Job Title:
Address:		From:	Number Employees Supervised:
Email:		То:	Specify Duties:
Supervisor's Name & Title:			
Reason for Leaving:			
May we contact this employer: ☐ Yes ☐ No Phone:			



205 West Patison Street, Suite C, Port Hadlock WA 98339 info@jeffersoncd.org 360-385-4105 www.jeffersoncd.org

COMPUTER SKILLS Data Entry/Management: ☐ Excel ☐ Access ☐ Outlook Accounting: QuickBooks OL Other Publisher **Graphics/Website Software:** ☐ PowerPoint ☐ ArcGIS Photoshop Squarespace Other Computer and Software Skills: REFERENCES List name, telephone number, and email address of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you. Phone: No. Years Known: Name: Email: Name: Phone: No Years Known: Email: Phone: No. Years Known: Name: Email: ADDITIONAL INFORMATION (You may add comments that explain information provided above or further qualifications for this position.) **APPLICANT STATEMENT:** I certify that all information I have provided in this application and in any attachments in order to apply for and secure work with Jefferson County Conservation District is true, complete and correct. I understand that false, incomplete or misrepresented statements will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered. I authorize employers, schools, or persons named in this application to give any information regarding my qualifications and character. I release Jefferson County Conservation District, all employers, and all references from any and all liability of damages for receiving or releasing information. I understand that Jefferson County Conservation District does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by applicable local, state or federal law. I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from Jefferson County Conservation District and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Jefferson County Conservation District reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no supervisor or representative of Jefferson County Conservation District is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are written and signed by Jefferson County Conservation District's 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. If a conditional job offer is made, I agree to undergo job-related background checks and understand that employment is contingent upon meeting Jefferson County Conservation District job-related background and security checks. 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 Applicant Statement.

Date

Signature