

## **Application for Employment**

P.O. Box 575, Eastsound, WA, 98245 360-376-7275 www.opird.org

## AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, disability, sexual orientation, number of dependents, or any other legally protected status.

	(PLEASE PR	INT)		
Position applying for:				
Last Name	First Name	Middle		
Social Security #		Today's Date		
Address				
City	State _	Zip Code		
Phone Number (s)				
Email	Driver	License Number		
On what date would you be	available to begin work?			
Are you prevented fro	m lawfully becoming employed i	in this country because of Visa or	-	
Proof of citizenship or imm	igration status will be required upon employ	ment		yes no
		ed with, any crime or has your dr	iver's lice	nse been
suspended?			yes	no
A current charge or convict	ion will not necessarily disqualify an applican	t from employment	0	
If yes, please				
explain:				

Give name, email, and telephone number of three re	eferences that are not related to you that we may contact
Reference #1	
Name:	Occupation / Title
Email	Telephone w/ area code
Reference #2	
Name:	Occupation / Title
Email	Telephone w/ area code
Reference #3	
Name:	Occupation / Title
Email	Telephone w/ area code

References

Applications will be screened after the closing date of the job posting. Applicants will be notified whether or not they will receive an interview. Applications are kept on file for one year. If you wish to apply for any future job opening, you may contact the OIPRD Director to have your application pulled and submitted. All available job vacancies are advertised in the Island Sounder, online in Orcas Issues, and posted on the OIPRD website at <a href="https://www.oiprd.org">www.oiprd.org</a>.

## PLEASE READ AND SIGN THE FOLLOWING STATEMENT

I certify that all information provided in the Application for Employment and the attached resume is true, correct, and complete. I understand that any misrepresentation or omission of facts is sufficient reason for rejection of this application or termination of subsequent employment. I authorize Orcas Island Park and Recreation District (OIPRD) to investigate all statements made on my application and release from liability former employers, institutions or persons providing such information to OIPRD.

I understand that this information will be used to complete a federal background check using SSCI.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

DATE\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_