TOWN OF KENT
LAKE CARMEL PARK DISTRICT
Employment Application

Please **TYPE** or **PRINT** clearly. *This application must be completed and signed personally by the applicant*. Each question must be answered in full. If answer is NO or NONE, indicate such.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, physical or mental disability, marital status, veteran status, or any other legally protected status or class.

Name (First, Middle, Last)	E-mail Address
Address	Phone Number: (best number to reach you)
City, State, Zip	Position you are applying for:

Are you currently employed? If yes, may we contact your employer to obtain employment information?	☐ Yes ☐ No ☐ Yes ☐ No
Have you ever been employed with the Town of Kent before? If yes, give dates (mm/dd/yyyy) From To	☐ Yes ☐ No
Are you legally eligible for employment in the United States? *Employment eligibility verification will be required upon employment.*	☐ Yes ☐ No
If you are under 18 years of age, can you provide required proof of your eligibility to work [Working Papers]?	☐ Yes ☐ No ☐ Not Applicable
<u>If you have been provided with a job description for the position for which you are applying</u>, are you able to perform the essential functions of the position with or without reasonable accommodation?	☐ Yes ☐ No ☐ Not Applicable

Type of School Attended	Name and Location of School	<u>Number</u> of Years Completed *(do not give dates)*	Course of Study	Diploma or Degree Obtained
High School or Preparatory School				
College				

List certificates *(including Life Guard, CPR, WSI, First Aid*), licenses (*including driver license*) that would support your qualifications for employment: If you are applying for a position which requires a Driver License, provide Driver License Number here:	List your hobbies and extracurricular activities as they relate to a recreation program. Also include the areas that you are qualified to instruct:

References: Must be by a non-relative over 21 years of age

Name/Occupation				Phone Number
Address	City	State	Zip	Years Known
Name/Occupation				Phone Number
Address	City	State	Zip	Years Known

Present or Last Employer

Name of Employer	Phone Number
Address City State Zip	
Employment Dates (Month/Year)	Salary
Title of Position	Name and Title of Supervisor
Description of duties, responsibilities and significant accomplishments	
Reason for leaving	

Next Previous Employer

Name of Employer	Phone Number
Address City State Zip	
Employment Dates (Month/Year)	Salary
Title of Position	Name and Title of Supervisor
Description of duties, responsibilities and significant accomplishments	
Reason for leaving	

Next Previous Employer

Name of Employer	Phone Number
Address City State Zip	
Employment Dates (Month/Year)	Salary
Title of Position	Name and Title of Supervisor
Description of duties, responsibilities and significant accomplishments	
Reason for leaving	

Conviction Record Status

Have you ever been convicted of and/or plead guilty to a felony? ☐ Yes ☐ No

Have you been convicted of and/or plead guilty to a misdemeanor within the past five years? ☐ Yes ☐ No

If you answered 'yes' to either question, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. **Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the Town of Kent.** The nature of the violation and all other appropriate circumstances will be considered. The Town reserves the right to reject individuals for employment based on job-related convictions.

Date	County/State	Conviction/Explanation

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form including a check with the sex offender registry. I also authorize investigation of my employment record and references, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, subject to applicable regulations.

Signature of Applicant:_____Date:_____