

# Asotin County

EST. Public Facilities District 2013

**COMPLETE ALL INFORMATION. INCOMPLETE APPLICATIONS MAY RESULT IN DELAY OR DISQUALIFICATION.**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street address Apartment/Unit #*

\_\_\_\_\_  
*City State Zip*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Date Available: \_\_\_\_\_

How did you hear about opening? \_\_\_\_\_

Are you legally authorized to work in the United States? Yes  No

Have you previously worked at the Aquatic Center before? Yes  No  If yes, when? \_\_\_\_\_

Do you hold any Red Cross Aquatics certifications? Yes  No  If yes, please list: \_\_\_\_\_

I have read the job description and can perform the duties as described? Yes  No  If no, explain: \_\_\_\_\_

Do you have any relatives working for the PFD/Aquatic Center? Yes  No  If yes, in what capacity: \_\_\_\_\_

If applying for Lifeguard, are you at least 15 years of age? Yes  No  N/A  If applying for concessions or WSI, are you at least 16 years of age? Yes  No  N/A

If applying for supervisor or maintenance, are you at least 18 years of age? Yes  No  N/A

## EDUCATION

High School: \_\_\_\_\_

City & State \_\_\_\_\_ Did you graduate? Yes  No

College: \_\_\_\_\_

City & State \_\_\_\_\_ Degree: \_\_\_\_\_ Did you graduate? Yes  No

College: \_\_\_\_\_

City & State \_\_\_\_\_ Degree: \_\_\_\_\_ Did you graduate? Yes  No

Please list any relevant professional certifications or licenses that are pertinent to the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

Please list three professional references.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact this company for a reference?  <sup>Yes</sup>  <sup>No</sup>

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact this company for a reference?  <sup>Yes</sup>  <sup>No</sup>

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact this company for a reference?  <sup>Yes</sup>  <sup>No</sup>

**MILITARY SERVICE**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Career Field: \_\_\_\_\_

Military Training/Education: \_\_\_\_\_

**DISCLAIMER & SIGNATURE**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION**

As an applicant for a position with the Asotin County Public Facilities District/Asotin County Family Aquatic Center, I hereby authorize any employers or supervisors, educational institutions, personal and professional references and /or other persons to release any and all requested information about my work and education history for use in determining my qualifications for this position. I understand, agree, and authorize that a copy of this form to be as valid as the original.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and RCW 42.17 et seq., and specifically waive those rights understanding that the information furnished will be used by Asotin County Public Facilities District and/or its agencies or departments in conjunction with employment procedures. I will make no attempt to gain access to the information provided to the District and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure or information provided to the District and/or its agencies or departments in conjunction with employment procedures.

All former employers who provide such information are indemnified and released from liability arising from such disclosures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date