

Whidbey Island Conservation District

PO Box 490 Coupeville, WA 98239 (360) 678-4708

The Whidbey Island Conservation District is an equal opportunity employer and shall not discriminate against an employee or applicant for employment because of race, color, religion, sex, age, marital status, national origin, or physical disability unless based upon a bona fide occupational qualification.

COMPLETE ALL INFORMATION. INCOMPLETE APPLICATIONS MAY DELAY OR DISQUALIFY YOU.

Full Name:						Date:			
	Last			First		M.I.			
Address:									
	Street Address					Apartment/Unit#			
	City				State	Zip Code			
Phone:	Cell Phone:				E-Mail Address:				
Date Available:		Position applying for:							
Are you 18 ye	ars or older?	Yes	No	Do you po	ossess a valid dri	ver's license?	Yes	No	
Have you eve	r worked for WICD?	Yes	No	If yes, when?					
and can perfo	e job description orm the duties commodation.	Yes	No	If no, explain:					
Have you bee felony in the	n convicted of a last 7 years?	Yes	No	If yes, explain:					
Have you serv Forces?	ved in the Armed	Yes	No	If yes, when?					
gained throug	skills or experience gh hobbies, rk, etc. relevant to	Yes	No	If yes, explain:					
	duated from High sed the GED?	Yes	No	If no, explain:					
•	now how you	How or		•					

		EDUCATION		
College:		City & State:		
From:	То:	Did you graduate? Yes No	Degree:	
Other:		City & State:		
From:	То:	Did you graduate? Yes No □ □	Degree:	
Relevant Profe	ssional Certificates	and/or Licenses:		
·	Attach separate sheets	years, including periods of self-emif necessary. Starting Salary:	Phone: () Supervisor:	
Summary of Responsibilities:				
From:	To:	Reason for leaving:		
۸	ለay we contact your p	previous supervisor for a reference?	Yes	No
Company:			Phone: ()	
Address:			Supervisor:	
Job Title:		Starting Salary:	Ending Salary:	
Responsibilities:				
From:	To:	Reason for leaving:		
٨	Лау we contact your р	previous supervisor for a reference?	Yes	No

Company:			Phone:	()	
Address:			Supervisor:		
Job Title:		Starting Salary:	Ending Sa	alary:	
Summary of Responsibilities:					
From:	To:	Reason for leav	/ing:		
May v	ve contact your previ	ous supervisor for a re	erence?	Yes No	
		REFERENCES			
Full Name:			Phone No:		
Type of reference:	Professional	Personal	Email:		
Full Name:			Phone No.:		
Type of reference:	Professional	Personal	Email:		
Full Name:			Phone No:		
Type of reference:	Professional ☐ Personal ☐ Email:				
	DISCLAIMER, REL	EASE OF INFORMAT	ON, AND SIGNATUR	KE	
Island Conservation verification and reinclude but is no contacting anyone time of hire I will United States. I a	knowledge, the informal properties on District to contact of the c	ormation herein is tr ct all of my former of include information wing my personnel e familiar with my p rovide documentation if I am hired by th	ue and complete. I a or present employer of a confidential or file, contacting an ast job performance on showing authoriz e District, my emplo	nuthorize the Whidbey is for the purposes of privileged nature, to my references, and/or is I understand that at eation to work in the byment is at-will. The ard of Supervisors may	
Signature			Date		