Whidbey Island Conservation District

**PO Box 490**

*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.*

**Coupeville, WA 98239**

**(360) 678-4708**

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| COMPLETE ALL INFORMATION. INCOMPLETE APPLICATIONS MAY DELAY OR DISQUALIFY YOU. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | | |
| *Last* | | | | | | | | | | | | | | | *First* | | | | | | | | | *M.I.* | | | | | | | | | |  | |  | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | *Street Address Apartment/Unit #* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | *City State Zip Code* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Phone: |  | | | | | | | | | Cell Phone: | | | | | | |  | | | | | | E-Mail Address: | | | | | | | | | |  | | | | | | | | | | |
| Date Available: | | | | | |  | | | | | | | | | | | Position applying for: | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| **Are you 18 years or older?** | | | | | | | | | | | | | | | | Yes No  🞏 🞏 | | | | | | **Do you possess a valid driver’s license?** | | | | | | | | | | | | | | | | | | | | Yes No  🞏 🞏 |  |
| **Have you ever worked for WICD?** | | | | | | | | | | | | | | | | Yes No  🞏 🞏 | | | | | | If yes, when? |  | | | | | | | | | | | | | | | | | | | |  |
| **I have read the job description and can perform the duties without an accommodation.** | | | | | | | | | | | | | | | | Yes No  🞏 🞏 | | | | | | If no, explain: |  | | | | | | | | | | | | | | | | | | | |  |
| **Have you been convicted of a felony in the last 7 years?** | | | | | | | | | | | | | | | | Yes No  🞏 🞏 | | | | | | If yes, explain: |  | | | | | | | | | | | | | | | | | | | |  |
| **Have you served in the Armed Forces?** | | | | | | | | | | | | | | | | Yes No  🞏 🞏 | | | | | | If yes, when? |  | | | | | | | | | | | | | | | | | | | |  |
| **Do you have skills or experience gained through hobbies, volunteer work, etc. relevant to the position?** | | | | | | | | | | | | | | | | Yes No  🞏 🞏 | | | | | | If yes, explain: |  | | | | | | | | | | | | | | | | | | | |  |
| **Have you graduated from High School or passed the GED?** | | | | | | | | | | | | | | | | Yes No  🞏 🞏 | | | | | | If no, explain: |  | | | | | | | | | | | | | | | | | | | |  |
| **We’d like to know how you heard about this position.** | | | | | | | | | | | | | | | | How or where?: | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **College:** | | | | | | | | | | | | | | | | | | | | | City & State: | | | | | | | | | | | | | | | | | | | | | | |
| From: | | | | | | | | | | | To: | | | | | | | | | | Did you graduate?  Yes No  🞏 🞏 | | | | | | | | | | | Degree: | | | | | | | | | | | |
| **Other:** | | | | | | | | | | | | | | | | | | | | | City & State: | | | | | | | | | | | | | | | | | | | | | | |
| From: | | | | | | | | | | | To: | | | | | | | | | | Did you graduate?  Yes No  🞏 🞏 | | | | | | | | | | | Degree: | | | | | | | | | | | |
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| **Relevant Professional Certificates and/or Licenses:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PREVIOUS EMPLOYMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Resumes may be attached but will not be accepted as a substitute for completing this section and are not used in the initial screening process. Beginning with your present or most recent employment, list all your work experience* ***for at least the last ten years****, including periods of self-employment, volunteer activities, & U.S. military service. Attach separate sheets if necessary.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | ( ) | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | |  | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | | | | | | Starting Salary: | | | | | |  | | | | | | Ending Salary: | | | | | | | |  | | |
| Summary of Responsibilities: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | | | To: | | |  | | | | | | | Reason for leaving: | | | | | | |  | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No  🞏 🞏 | | | | | | | | | | | |
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| Company: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | ( ) | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | |  | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | | | | | | Starting Salary: | | | | | |  | | | | | | Ending Salary: | | | | | | |  | | | |
| Summary of Responsibilities: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | | | To: | | |  | | | | | | | Reason for leaving: | | | | | | | | |  | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No  🞏 🞏 | | | | | | | | | | | |
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| Company: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | ( ) | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | |  | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | | | | | | Starting Salary: | | | | | |  | | | | | | Ending Salary: | | | | | | | |  | | |
| Summary of Responsibilities: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | | | To: | | |  | | | | | | | Reason for leaving: | | | | | | | | |  | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No  🞏 🞏 | | | | | | | | | | | |
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| **REFERENCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Phone No: | | | | | |  | | | | | | | | |
| Type of reference: | | | | | | | | | Professional 🞏 | | | | | | | | | | | Personal 🞏 | | | | | | | | | Email: | | | | | | | | | | | | | | |
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| Full Name: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Phone No.: | | | | | |  | | | | | | | | |
| Type of reference: | | | | | | | | | Professional 🞏 | | | | | | | | | | Personal 🞏 | | | | | | | | | | Email: | | | | | | | | | | | | | | |
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| Full Name: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Phone No: | | | | | |  | | | | | | | | |
| Type of reference: | | | | | | | | | Professional 🞏 | | | | | | | | | Personal 🞏 | | | | | | | | | | | Email: | | | | | | | | | | | | | | |
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| **DISCLAIMER, RELEASE OF INFORMATION, AND SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To the best of my knowledge, the information herein is true and complete. I authorize the Whidbey Island Conservation District to contact all of my former or present employers for the purposes of verification and reference. This may include information of a confidential or privileged nature, to include but is not limited to reviewing my personnel file, contacting any references, and/or contacting anyone else who might be familiar with my past job performance. I understand that at time of hire I will be required to provide documentation showing authorization to work in the United States. I am also aware that if I am hired by the District, my employment is at-will. The employment relationship may be terminated at any time as either I or the Board of Supervisors may deem appropriate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | |  | | | | | | |
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