

Chehalem Park and Recreation District

125 S. Elliott Road, Newberg, OR 97132 PH (503) 537-2909 FX (503) 538-9669 cprdnewberg.org registration@cprdnewberg.org

EMPLOYMENT APPLICATION FORM 1A

Application may be void if not filled out completely.

Last Name First		M.I.	Position Applied For		
Home Address		Application D		vate /	
City State		Zip	How did you learn about this position?		
Phone Number (_		Email addı	·ess		
REFERENCES Please list three pe Do not include fan Name		nce whom we may con Phone number	tact, preferably profe	ssionally relevant. No. of years known	
Ivanic		I none number	Relationship	No. of years known	
Name		Phone number	Relationship	No. of years known	
Name		Phone number	Relationship	No. of years known	
Have you ever bee	n employed he	re before? I	f yes, please give date	»:	
PROFESSIONAI Name of Organizar		SERVICE SOCIETI Offices hel	ES AND MEMBERS d, Committees	SHIPS Dates	

EMPLOYMENT HISTORY - Attach separate sheets if needed. Attach resume (optional).

List your experience, beginning with your present or most recent position. Describe each position separately, emphasizing your professional, supervisory and committee duties. Give special attention to experience relating to the position for which you are applying.

EMPLOYER	FROM: MO/YEAR
ADDRESS	TO: MO/YEAR
SUPERVISOR'S NAME AND TELEPHONE	FULL TIME
YOUR TITLE	STARTING WAGE
	ENDING WAGE
DUTIES (BE SPECIFIC)	
REASON FOR LEAVING	
EMPLOYER	FROM: MO/YEAR
ADDRESS	TO: MO/YEAR
ADDRESS SUPERVISOR'S NAME AND TELEPHONE	TO: MO/YEAR FULL TIME
SUPERVISOR'S NAME AND TELEPHONE	FULL TIME

EMPLOYMENT HISTORY CONTINUED - Attach separate sheets if needed. Attach resume (optional).

List your experience, beginning with your present or most recent position. Describe each position separately, emphasizing your professional, supervisory and committee duties. Give special attention to experience relating to the position for which you are applying.

EMPLOYER	FROM: MO/YEAR
ADDRESS	TO: MO/YEAR
SUPERVISOR'S NAME AND TELEPHONE	FULL TIME
YOUR TITLE	STARTING WAGE
	ENDING WAGE
DUTIES (BE SPECIFIC)	
REASON FOR LEAVING	
EMPLOYER	FROM: MO/YEAR
ADDRESS	TO: MO/YEAR
SUPERVISOR'S NAME AND TELEPHONE	FULL TIME
YOUR TITLE	STARTING WAGE
	ENDING WAGE
DUTIES (BE SPECIFIC)	
REASON FOR LEAVING	

EDUCATION (or profession	onal training or	study) Attach resume	(optional).		
SPECIALIZED TRAININ Name & Location	G, WORKSHO Dates	OPS, INSTITUTES (Fields of Stu		ARS Titles of Special	Courses
AGREEMENT I certify that answers gire complete to the best of a			ed skills she	eets are true and	<u> </u>
I authorize investigation may be necessary in arr District is authorized to from them any informat evaluations of my job key the District from any information requested.	iving at an em contact my pr ion about me nowledge, ski liability or da	resent and past emportained in their last and performance amage that may research	n. Chehalem ployers as re personnel re ce. I hereby sult from fu	Park and Recreferences and to ecords and any release those co	reation o receive ontacted
In the event of employn application, skill sheets am required to abide by	or interview(s	s) may result in dis	scharge. I ur	_	-
May we contact your pr	esent employe	er without first cor	ntacting you	?	
				//_	
Signature of	applicant			Date	
EQUAL OPPORTUNITY	EMPLOYMEN'	Γ STATEMENT			

It is the practice of Chehalem Park and Recreation District to ensure employment of individuals on an equal opportunity basis, without discrimination as to race, color, religion, national origin, disability, family relationships, worker's compensation history, gender or age (except where gender and age are bona fine occupational qualifications) within all operations of the District.