

# WHITE MOUNTAIN LAKES COUNTY RECREATION IMPROVEMENT DISTRICT EMPLOYMENT APPLICATION

White Mountain Lakes County Recreation Improvement District is an Equal Opportunity Employer. Selection and employment of applicants is made on the basis of qualifications without regard to race, color, sex, religion, national origin, age, political affiliation, disability or veteran status.

## POSITION FOR WHICH YOU ARE APPLYING:

## PERSONAL INFORMATION:

1. Name: \_\_\_\_\_ 2. Social Security # : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(last) (first) (middle)

3. Present Address: \_\_\_\_\_  
(street) (city) (state/zip) (phone #)

4. Mailing Address: (If different than above) \_\_\_\_\_  
(street or PO Box) (city) (state/zip)

5. E-mail Address: \_\_\_\_\_

6. Are you at least 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Are you a U. S. Citizen or eligible to work in the U.S? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, explain \_\_\_\_\_  
Convictions are evaluated in relation to a position and will not necessarily disqualify employment.

## AVAILABILITY: (Check all that apply)

|   |   |  |
|---|---|--|
| 9. Type of Appointment you will accept:<br>____ Regular _____ Temporary<br>____ Full-Time _____ Part-Time | 10. Shift Work: _____ Yes _____ No<br>____ Day _____ Evening<br>____ Night _____ Rotating | 11. Will you be able to work weekends or on holidays?<br>____ Yes _____ No |
|---|---|--|

10. Have you been known to previous employers/schools/references by any other name? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If YES, please provide name(s): \_\_\_\_\_

11. Are you presently working or have you previously worked for White Mountain Lakes County Recreation Improvement District?

\_\_\_\_ Yes \_\_\_\_\_ No

If YES, give Dates and Title \_\_\_\_\_

12. Are you in any way related (i.e., blood, marriage, adoption, etc.) to any individual presently employed by the District?

\_\_\_\_ Yes \_\_\_\_\_ No If YES, give name and relationship \_\_\_\_\_

13. **DRIVERS LICENSE:** Indicate state where issued, class, any endorsements, license number, and expiration date:

14. **OTHER LICENSES:** Indicate type and license, registration or certification number and the state where issued:

15. Have you been discharged or requested to resign or resigned in lieu of termination from any position for misconduct or unsatisfactory service in the last five (5) years? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EDUCATION/TRAINING:**

16. Do you have a High School Diploma/GED?

\_\_\_\_ Yes \_\_\_\_ No

17. If NO, what is the highest grade completed?

\_\_\_\_\_

| 18.<br>NAME OF SCHOOL AND LOCATION   | CREDIT HOURS<br>COMPLETED | MAJOR | DID YOU<br>GRADUATE?                                     | DEGREE<br>AWARDED |
|--------------------------------------|---------------------------|-------|--|-------------------|
| * COLLEGE OR UNIVERSITY              |                           |       | YES <input type="checkbox"/> NO <input type="checkbox"/> |                   |
| * COLLEGE OR UNIVERSITY              |                           |       | YES <input type="checkbox"/> NO <input type="checkbox"/> |                   |
| * COLLEGE OR UNIVERSITY              |                           |       | YES <input type="checkbox"/> NO <input type="checkbox"/> |                   |
| * Business, Vocational, or Technical |                           |       | YES <input type="checkbox"/> NO <input type="checkbox"/> |                   |
| * OTHER                              |                           |       | YES <input type="checkbox"/> NO <input type="checkbox"/> |                   |

19. List other training, certification, language proficiency (other than English) or skills you feel are important and relevant to the position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE SKILLS:**20. Specify computer equipment and office machines you can operate and years of experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Specify your experience with computer programs and/or software:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE:**

22. Branch of Service \_\_\_\_\_

Highest Rank Earned: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Rank at Separation: \_\_\_\_\_ Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**23. EMPLOYMENT HISTORY:** Beginning with your present or most recent position, list your work history for the past ten (10) years. Attach additional sheets if more space is needed. If more than one position has been held with the same employer, list each separately. Even if you submit a resume, you must still complete this section.

Do not indicate "See Resume"

|  |   |   |                           |
|--|---|---|---------------------------|
| TYPE OF BUSINESS:                                    |   |   |                           |
| EMPLOYER:  | _____ (manufacturing, government, etc.) _____ |   |                           |
| ADDRESS:   | _____ (street)                                | _____ (city)  | _____ (state) _____ (zip) |
| SUPERVISOR'S NAME/TITLE/PHONE: _____                 |   |   |                           |
| YOUR TITLE: _____                                    |   | EMPLOYMENT DATES: FROM _____ TO _____                   |                           |
| ENDING SALARY: _____ YR/ HR / WK                     |   | FULL TIME: _____ PART TIME: _____ HOURS PER WEEK: _____ |                           |
| DUTIES: _____<br>_____<br>_____                      |   |   |                           |
| If you supervised others, show number & title: _____ |   |   |                           |
| Reason for leaving: _____                            |   |   |                           |

|  |   |   |                           |
|--|---|---|---------------------------|
| TYPE OF BUSINESS:                                    |   |   |                           |
| EMPLOYER:  | _____ (manufacturing, government, etc.) _____ |   |                           |
| ADDRESS:   | _____ (street)                                | _____ (city)  | _____ (state) _____ (zip) |
| SUPERVISOR'S NAME/TITLE/PHONE: _____                 |   |   |                           |
| YOUR TITLE: _____                                    |   | EMPLOYMENT DATES: FROM _____ TO _____                   |                           |
| ENDING SALARY: _____ YR/ HR / WK                     |   | FULL TIME: _____ PART TIME: _____ HOURS PER WEEK: _____ |                           |
| DUTIES: _____<br>_____<br>_____                      |   |   |                           |
| If you supervised others, show number & title: _____ |   |   |                           |
| Reason for leaving: _____                            |   |   |                           |

|  |   |   |                           |
|--|---|---|---------------------------|
| TYPE OF BUSINESS:                                    |   |   |                           |
| EMPLOYER:  | _____ (manufacturing, government, etc.) _____ |   |                           |
| ADDRESS:   | _____ (street)                                | _____ (city)  | _____ (state) _____ (zip) |
| SUPERVISOR'S NAME/TITLE/PHONE: _____                 |   |   |                           |
| YOUR TITLE: _____                                    |   | EMPLOYMENT DATES: FROM _____ TO _____                   |                           |
| ENDING SALARY: _____ YR/ HR / WK                     |   | FULL TIME: _____ PART TIME: _____ HOURS PER WEEK: _____ |                           |
| DUTIES: _____<br>_____<br>_____                      |   |   |                           |
| If you supervised others, show number & title: _____ |   |   |                           |
| Reason for leaving: _____                            |   |   |                           |

TYPE OF BUSINESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ (manufacturing, government, etc.) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(street) (city) (state) (zip)

SUPERVISOR'S NAME/TITLE/PHONE: \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_ EMPLOYMENT DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

ENDING SALARY: \_\_\_\_\_ YR/ HR / WK FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_

DUTIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you supervised others, show number & title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ (manufacturing, government, etc.) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(street) (city) (state) (zip)

SUPERVISOR'S NAME/TITLE/PHONE: \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_ EMPLOYMENT DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

ENDING SALARY: \_\_\_\_\_ YR/ HR / WK FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_

DUTIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you supervised others, show number & title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**24. REFERENCES:** Please list names and addresses of three people, not relatives, who have direct knowledge of your professional experience.

| NAME | ADDRESS | TELEPHONE NO./EMAIL | OCCUPATION |
|------|---------|---------------------|------------|
|      |         |                     |            |
|      |         |                     |            |
|      |         |                     |            |

25. By signing below, I certify that the facts contained in this application are true and complete. I understand that any misrepresentation, falsification or willful omission shall be sufficient reason for dismissal or refusal of employment. I authorize the District to verify the accuracy of all information contained in this application, resume, and/or attachments and any references and employers listed. I acknowledge that this may be accomplished through the use of the following background checks, which I authorize: criminal history, motor vehicle record check, credit check, reference check, employment verification, degree/license verification, etc. By my signature, I release from liability the District and its agents acting on its behalf for seeking, gathering and using such information as may be allowed by law and all other persons, employers, corporations or organizations for furnishing such information. I recognize that any and all inquiries made by the District, shall remain solely the property of the District. I further understand that if I am interviewed or selected as a finalist for a position with the District, my application will be considered "public record" and may be subject to publication.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_